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The Journal
of the
BALTIMORE COLLEGE OF DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND



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FOREWORD

THE publication of the *Journal* marks the achievement of a long-felt desire on the part of the students, the faculty, and the alumni of our School. Through it the School will be able to present to the undergraduates and graduates a record of their various activities. It will afford both students and alumni effective means for the publication of their writings. The *Journal* should find an important place among the School's contributions to its members and to the profession.

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DENTISTRY—A HEALTH SERVICE*

GORDON M. GANUN, D.D.S.

Former Director of Dentistry, City Hospital, New York, N. Y.

NINETEEN years ago, I graduated from the old Baltimore College of Dental Surgery and with my little kit of instruments went to New York to practice Dentistry. It hardly seems possible that one's profession and one's conception of that profession could have so changed between then and now. No one has a fonder memory nor a deeper appreciation of the part our School has played in stimulating the thought and effort which have brought dentistry to its present place in the world. I hope I am not revealing any secrets—and if I do it is with a feeling of great respect for my Alma Mater—but I must confess that my college training emphasized mechanics rather than health. The value of a Roentgenographic examination as an aid in diagnosis was not considered important nor essential. I remember that one of our professors summoned an electrical engineer to turn the switch, which sent a tremendous spark across a gap a foot long. The patient, entering with little more peace of mind than one about to be electrocuted, was exposed to the rays of the great Roentgen; while students and instructors looked on apprehensively, hoping for the best. The film when developed, I am sure, was appreciated only by the patient. Our finest minds were discussing the possibilities of permanent injury being done nerve tissue by injections of novocaine; and conduction anesthesia was practiced by

only one man on our faculty, its results being received as an almost uncanny novelty. All abscessed teeth were opened, drained and treated, finally receiving a root filling which was pushed in the direction of the apex until the patient said "ouch." If a tooth looked too bad, it was covered with a gold crown to segregate it from the rest. Viewing in retrospect, one would believe that in those days the mouth and teeth had no connection with the circulation of the human body. Today we behold the new Baltimore College of Dental Surgery and the new dentistry. At first we are amazed and then truly inspired by progress, for today our patients demand Roentgenograms, demand conduction anesthesia and look askance at the gold crown. Dentistry today is a health service.

It is here most fitting to discuss dentistry in such a light, for our young colleagues who have just received their diplomas go out into the world well prepared to take care of the health of our people. They have had a broader training than those of us who graduated a few years ago; theirs is a broader field, one that will require courage, understanding and vision, for these men are entering a sphere of health service. We who have come home to visit our Alma Mater fully realize the importance of their task and ours; for we have only to visualize the oral cavity and the adjacent structures, to consider the beauty and function of the organs of mastication and the part they play in digestion, assimilation and nutrition, to realize the intricacies of

*This paper was read before the meeting of the National Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland, June 4, 1936.

the structure of the mouth and how intimately its normal balance is related to general health. The mouth is the portal of the human body. We are its guardians. Who is there to deny that this responsibility is a health service?

Let us not begin by criticising dentistry, emphasizing its shortsightedness, belittling dentists for over-indulgence in their mechanical art. Let us be proud, let us be self-respecting, that we may win the respect of others. Dentistry need not humbly apologize to the world. Its history is a record of achievement and of service. Horace Wells of Hartford, Connecticut, in 1844 first discovered nitrous oxide and successfully applied the use of gases whereby surgical operations could be performed without pain. Dr. William T. G. Morton is credited with making known to the world the discovery that surgical anesthesia could be produced through the medium of ether. The work of Dr. G. V. Black and Dr. Miller in behalf of humanity are known to us all.

Prevention has lagged behind the curative and restorative phases of our work, but is this not the way of human progress? The prevention of dental ills must be our constant aim and ultimate goal, but we must face our problems in a practical manner. The solution of these problems has progressed slowly and is dependent very often on the accomplishments of kindred sciences. Dentistry, while striving to prevent, has taken the next best course: cure and restoration. We must not flit off into the clouds and discard our technical procedures because we feel that the realm of prevention is more glorifying. We all love peace; but until peace is assured, let us not surrender our armamentarium.

The elimination of diseased tissue in the mouth is essential to good health; and the extraction of teeth is often indicated.

When a carious lesion has been removed, the anatomical restoration of the part is a definite health service. The replacement of one or more teeth requires a comprehensive knowledge of biology and structural anatomy; the ability to apply this knowledge in prosthesis is necessary if the health of the patient is to be served. Have we not all seen cases in which an esthetically effective prosthesis has so improved a patient's mental attitude that he has replaced a state of hopelessness with a spirit of happiness and a will to live? Is this not a health service of which the neurologist would be proud?

Our accomplishments are a matter of record but we must not be blind to the wisdom of our critics in the profession and outside it. Remember that a wise man despises not the opinion of the world but estimates it at its full value, for it is acknowledged that legitimate criticism is desirable in the unbiased interchange of thought.

Many preventive measures are at our disposal which we do not utilize. This is especially true in our treatment of children. Dentists do not take their little patients seriously enough. If we do not assume a responsible attitude, how can we expect their parents to do so? Odontectomy in the first permanent molars and in other permanent teeth, where indicated, is one of the greatest advances in the prevention of disease in the last twenty years and for this Dr. Thaddeus Hyatt deserves our most gracious thanks. Do you follow this procedure in your practice? Many cases of adult malocclusion would never occur if the condition has been recognized in its incipency and preventive treatment prescribed. In no field of dentistry is prevention so little thought of by the general practitioner as in periodontia. Here just a simple adjustment would very

often save the patient from an advanced periodontoclasia later in life. How often has the loss of one molar thrown the entire dentition out of balance. Let us not in our smug self-sufficiency fail to recognize and apply those preventive measures which recent advance in science and the contributions of bacteriology, pathology and Roentgenology have made possible.

Individuals outside our profession are justifiably confused concerning dentistry today because of the variance of opinion among us as to diagnosis, treatment and prognosis of specific conditions. Sufficient data have been accumulated as a result of research and clinical practice to make possible more definite and consistent diagnosis and treatment than is usual today. Too often this phase of our work reflects a fad, fancy or prejudice the operator has acquired during college training or in practice, rather than the consensus of scientific opinion. Our patients expect and are entitled to the enlightened truth.

The American people are health conscious. Is dentistry ready to take its place in this consciousness? Ninety-five millions of our people receive no dental care. Deservedly or not, we are being severely criticized for this almost unbelievable condition, existing partly because these same millions do not associate oral health with general health. Perhaps we have thought too much in terms of bridges and plates in dealing with our patients and have failed to bring home to them that a neglected carious lesion is a possible potential cause of death. Caries is the most prevalent disease to which the human race is exposed today, the seriousness of which neither we nor the public is sufficiently aware. A cement filling which preserves the vitality of the pulp and the health of the tooth is a far more valuable service to the patient than an

extensive precision appliance which leaves the patient with diseased teeth and foci of infection. Maintaining and protecting health and life is dentistry's function.

Dentistry's future is in our hands. About one hundred years ago, a small group, men of vision, who thought of dentistry even in those days in terms of health service, petitioned the University of Maryland for the inclusion of a chair of Dentistry in the medical curriculum. The petition was denied, presumably because dentistry had no relation to medicine. Our independent dental schools followed; and only in very recent years has a small group of medical schools included medico-dental subjects in their prescribed course. The University of Oregon pioneered in this advancement. Happily for medicine, dentistry and the public, there now appears on all sides a better spirit of coöperation between physician and dentist. Surely they are interdependent and neither questions the value of the other to the patient; but because of its intricacies of practice, dentistry must remain a distinct profession. Through the efforts of one of our greatest champions and benefactors, Professor William J. Gies of Columbia University, in organizing the International Association of Dental Research and in establishing the *Journal of Dental Research* for the publication of its findings, dentistry has been recognized as an applied science and takes its place beside medicine and the other healing arts in the field of health service.

The thought which should be uppermost in our minds when examining a mouth is to think of it as an organ which functions biologically and mechanically just as do the heart, lungs, stomach and kidneys. If any of these organs is partially incapacitated, the other organs must assume its duties if a normal amount of energy is to be produced in the

body and tissue resistance maintained. That wholly vital organ, the mouth, the entrance to two of the most important systems in the body, respiratory and digestive, is, I fear, seldom thought of as an organ in the true sense. If this organ is not in perfect condition mechanically so as to perform its duties, if it is not absolutely clean and free of infection, the realization of perfect health is beyond our grasp. If the vestibule of our body is not in order, it follows that our body is also disordered.

Dentists must think first of their patients' health, then of their teeth. How often when we have made a complete Roentgenographic and clinical examination of a mouth which reveals one or more foci of infection, does the patient on being apprised of this serious condition tell us that he is suffering no pain or discomfort and does not think he will subject to any procedure for the elimination of the foci. This is seldom the procedure when a cardiac or kidney lesion is

detected. *Why?* Because the dentist is not sufficiently health conscious to have made his patient think of a diseased mouth as a latent cause of a diseased body. When our work is fully appreciated, we shall deliver sound healthy teeth; not inlays, bridges and plates which are but means to that end. We shall diagnose and prescribe health. Dentists must believe their work to be a health service in order that they may convince their patients that it is a health service. Sixty-one percent of the cases admitted to the Mayo Clinic are the result of dental foci of infection past or present. Is this fact accepted by the laity of the country today? No! Because dentistry has not told a convincing story. To convince, believe!

Success is directly proportionate to our vision. Let us have the vision of the men who have gone before us and we shall deserve a place in the health centers of tomorrow.

DENTISTRY, MEDICINE AND PUBLIC HEALTH*

HUNTINGTON WILLIAMS, M.D., DR.P.H.

Commissioner of Health of Baltimore and Professor of Hygiene and Public Health in the School of Medicine of the University of Maryland

THE unity within our guild of medicine which is shared by dentistry and also by public health is not unfamiliar to this group of members of a Society named in honor of Ferdinand Joseph Samuel Gorgas, for the great pioneer and dean, himself graduated from our Medical School at the University of Maryland, with the class of 1863. This unity of dentistry in medicine certainly would seem to go back several thousands of years before the Christian era when we find within the priestly fraternity of medicine a group of physicians who devoted their entire time to dentistry and who paved the way for primitive dentistry in Greek and Roman medicine.

The fascination of delving briefly into the history of our professional past is one that is hard to resist. In an endeavor to bring you a message symbolic of the close relationship which exists between your profession and that special branch of medical practice known as public health I find it impossible to omit mention of some events in our local history during the years between 1796 and 1810 and somewhat later.

Cordell, the historian, tells us of the arrival in Baltimore of two young physicians, John Beale Davidge in 1796 and Nathaniel Potter in the following year. Cordell describes the great part they played just prior to 1807 in the founding of the University of Maryland as a Medical School. Our city of Baltimore was

established in 1797, the year of Potter's arrival, and the future City Health Department was foreshadowed in two major sanitary ordinances passed in that year. Jenner published his immortal *Inquiry* in 1798 and paved the way for the practical eradication of smallpox. The year 1799 saw the beginning of the Medical and Chirurgical Faculty of Maryland, which was the first medical association in this country to endorse and urge the new procedure of vaccination. You will be interested to know that in the same year also, Paul Revere, the horseman, goldsmith, printer, engraver, and dentist was selected to serve as the first president of the newly organized Board of Health of the City of Boston. One year later Horace H. Hayden came to Baltimore. It was the year that John Crawford did his first vaccinating here in our city. Hayden, the Father of American Dental Science—Doctor of Medicine, *honoris causa*—was also a geologist of note. In 1810 he was granted by the Medical and Chirurgical Faculty of Maryland a "licence to practise in the profession of a dentist." What splendid years were these for achievement and promise. How closely knit were the professional leaders of that day!

I would at this point bring together in perhaps an unexpected way the paths of Nathaniel Potter and Horace Hayden as of the year 1811. During the past few months, while rummaging in the library of my father, the late Professor of Geology at the Johns Hopkins University, I chanced upon a copy of a publication by

* This paper was read by Dr. Williams at the Initiation Banquet of the Gorgas Odontological Society, December 5, 1936.

Horace Hayden which appeared in 1811. It is apparently the earliest published account of the geology of Baltimore and its environs, and appears as a letter which he wrote to Dr. Nathaniel Potter of the University of Maryland. Potter was then the editor of a short-lived journal entitled *The Baltimore Medical and Philosophical Lyceum*. The copy which I found was a typed one made in 1892 from the only copy of the journal then known to exist in Baltimore. It was a part of the private library of the late Dr. Ferdinand Edme Chatard, Jr., at 516 Park Avenue. Apparently there was published but one volume of this rare journal, composed of four quarterly numbers in the year I have mentioned. The article, or letter, entitled "Hayden's Geological Sketch of Baltimore" is dated July 12, 1811 and appears on pages 255-271 in the third of the four quarterly numbers of the journal. Dr. Albert Chatard has recently told me that this rare volume was probably burned while in storage, during the great Baltimore fire of 1904. Knowing of the interest of Dr. Robinson in the life and works of Horace Hayden and in his scientific attainments, I have had a copy made of this early local geological report which I should like to present to him at this time if he will permit me to do so. In it I have placed a photostat of some manuscript notes on the Hayden family genealogy sent by Cordell in 1892 to Dr. Henry M. Hurd for the use of my father.

It would be a pleasure for me to dwell on the life of Ferdinand Gorgas, who served so many years as dean of the Baltimore College of Dental Surgery and later as dean of the Dental Department of the University of Maryland. Truly he must have been the Osler of Dentistry. I should like to recall the medical importance of dentistry's greatest contribution, anesthesia, referred to by Dr. Welch

as the "happiest gift ever conferred upon mankind by medical science or art" and Morton's superb courage prior to his great discovery when he proclaimed "I shall succeed. There must be some way of deadening pain." I should enjoy discussing the close tie which the X-ray has brought about between medicine and dentistry, and how the old-fashioned rheumatism, or at least a part of it, has given way because of modern methods of searching for foci of infection. If there were time I should wish to refer to the splendid dental clinic services which private philanthropy has made possible in Boston and Rochester and elsewhere.

These latter, at least, bring me to the present-day problem of what should be the civic program, or more concretely, the preventive health department program along dental lines in Baltimore.

I shall be frank and say that at the present time there is no fixed chart and compass by which to steer the course. We are, with the assistance of Dr. Robinson and Dr. Anderson, Dr. Leonard and Dr. Cramer, and other officials of the local dental society, feeling our way into the future somewhat like a ship in a fog. I am glad to say that the fog seems to be lifting a little.

The dental clinic services conducted by the Baltimore City Health Department for the public and parochial schools of this city began in April, 1920 with the appointment of three part-time dentists. From that year until 1930 the number of dentists on our staff gradually increased to a maximum of eighteen. With the great budgetary retrenchment of December 31, 1931 the corps of dentists in the Health Department was reduced to five, which is the present number doing school dental work in this city.

Since 1928 Dr. Morris Cramer has been the excellent supervisor in charge of this branch of health service. Prior thereto,

Dr. B. Merrill Hopkinson served as supervisor from February, 1922 until his death in 1923, when he was succeeded by Dr. William Allen Etheridge.

With the severe pruning of the annual dental budget from \$14,900 in 1931 to \$4,600 in 1932, there was inaugurated in the latter year a plan for making a critical analysis of the philosophy back of the Health Department's giving free medical or dental or other services to rich and poor alike. Studies were proposed for the purpose of determining, if possible, just what should be the Health Department's program in dental hygiene. It is of some interest to know that during the gilded decade ending with the financial crisis in 1929, a period when budget moneys were easier to come by, health departments and other branches of government here and in various communities seemed to be tending toward a policy of providing free service to all taxpayers regardless of ability to pay. This philosophy was challenged in an imperative and perhaps a salutary manner by the financial depression from which we may at present be slowly withdrawing. With the sharp reduction in the Health Department budget came the necessity of studying the soundness of the former policy. There has resulted a trend toward expecting payment from those who are able to pay for needed health or medical services, whether the service has to do with the teeth or tonsils and adenoids or eyesight or with something else.

With the assistance of the Baltimore City Dental Society a special dental clinic study was established at Public School No. 13 in the Eastern Health District in November, 1933; and in this a number of splendid volunteer dentists participated until the end of the school year in June, 1934, and later between January and June, 1935. An effort was

made in this study to ascertain the total dental problem in a typical public school. During the fourteen months 810 children were given complete X-ray examinations, 408 children were given complete dental treatment; 2250 teeth were filled and 152 permanent and 788 temporary teeth were extracted. It has been my impression from the reading of reports of similar studies in other cities that if a health department is to conduct a complete city-wide dental service for school children on a modern basis it would practically mean the doubling of the entire health department budget for the year, or the addition of almost one dollar per capita to that budget.

As I said, the fog does seem to be lifting a little bit in this important civic problem, at least so far as Baltimore is concerned. Of course the question is one that is closely associated with the whole matter of medical and hospital and other services and how they may be better distributed in our present economic system. In this city it has seemed reasonable to some to make plans for certain additional studies which may be of value in the future. These will include an analysis of the results of a dental service aimed primarily at preschool children from about two to five years of age which has been in operation under the auspices of the Babies' Milk Fund Association of Baltimore in their clinic in the Eastern Health District. This work began in March, 1929 in the McElderry House, which was an infant and preschool hygiene clinic fostered jointly by that Association and the Johns Hopkins School of Hygiene and Public Health. The dental service has been continued since that time, and following the opening of the Eastern Health District in 1932 it has been under the general guidance of Dr. Harry S. Mustard, Health Officer of that District.

It is peculiarly gratifying to be able to refer to another unit of study in program-making which, through the assistance of Dr. Robinson and Dr. Anderson, has been recently brought close to the work of the Dental School at the University of Maryland. This unit forms a part of the City Health Department program as conducted by the Western Health District, the Health Department branch office at 617 West Lombard Street, directly across the street from your Dental School building. During the past two months a small beginning has been made in a service which I hope will grow and which is designed to care for the dental needs of preschool children living in the Western Health District, so that

their mouths will be in as good condition as possible at the time they enter school. If present hopes materialize, we may see, some years hence, a dentist attached to every infant and preschool hygiene clinic in the city.

Aside from these two operative services for children below school age in the Eastern and Western Health Districts and the hopes I have just mentioned, plans are being considered for a rather general program of community education in oral hygiene, the chief purpose of which will be to endeavor to teach the people of this city the importance of taking care of their dental needs as far as they are able to do so.

FIFTY THOUSAND DENTAL SYSTEMS AND A PERIODONTAL VERITY

HAROLD GOLDSTEIN, D.D.S.

*Diagnostician, Baltimore College of Dental Surgery, Dental School,
University of Maryland*

DURING ten years of careful oral examinations and history taking, no striking truth has made itself more apparent than the fact that periodontal disease is mainly preventable. Thousands of cases were studied at the Mayo Clinic, and during the past five years at the Baltimore College of Dental Surgery, Dental School, University of Maryland, in the department of oral diagnosis, always with the periodontal viewpoints keenly stressed. At some later date studies will be published to point out certain correlations in periodontal disease. At this time, however, only the preventive angle will be considered.

The incidence of periodontal disease is colossal. Civilization, so called, with its magnificent benefits to society in machinery, many inventions, labor-saving devices, has softened the individual and increased his demand for the luxury of soft, tasty, and concentrated foods which require little mastication, thus depriving the periodontium of its necessary stimulation. Improper diet is, of course, also partly responsible for the loss of teeth by caries, causing unusual stress on the remaining teeth, another cause of periodontal disease. The causes of gingival disease are manifold; but I shall limit myself to two major causal factors, insufficient periodontal stimulation and debris-laden dental systems, both of which are products of civilization. We all have seen the typical filthy mouth of the individual whose diet is the average

soft one and who never cleans his teeth. Gingivitis and periodontoclasia are almost always the termination of an unclean dental system. Thus we see that civilization has brought with its benefits a softening influence resulting in a premature destruction of the periodontium. *Unless science steps in to prevent or correct this unwitting by-product of science and civilization, the malicious cycle will continue.*

In the dawn of history man required no makeshift to keep his gingivae healthy and clean; they were healthy because life was rugged, the major intake being raw, fibrous food which required vigorous mastication, serving every purpose of mouth cleanliness and periodontal stimulation. Objecting, as I do, to the advertisements of the large toothpaste manufacturers, I am forced to admit the reality of one advertisement depicting a pretty young debutante at dinner, holding a large lamb chop in her dainty hands against her more than dainty mouth. It shocks one to see this picture, but the illustration is a perfect means of displaying the kind of masticatory ruggedness that would maintain the dental system in perfect cleanliness and stimulation without the aid of a toothbrush. Alas, man of today cannot cope with such primitive diet and he has created an instrument of scientific evolution to replace our long forgotten masticatory ruggedness—a toothbrush. Science comes to our relief to give man artificially, that which he once received naturally

and unconsciously, the stimulation of the gingival tissues.

The toothbrush is the most useful periodontal preventive mechanism known to dentistry today. It is true that certain laymen scoff at the idea of using a toothbrush, maintaining that nature did not create teeth and gums to depend upon an artificial thing like a toothbrush. The answer, of course, is obvious, since teeth and gingival tissues were never intended to be used for the sticky and mushy diet of today.

One of the most interesting patient groups who come to our department of oral diagnosis at the University of Maryland are the Italians, who, born in Italy and emigrés to this country in their twenties, are the only group having dental systems with a high frequency of caries immunity. It is not this caries immunity that I mean to emphasize, since the cause of caries is still a large problem. This caries-free condition so often seen in Italians who have never brushed their teeth, points to a paradox, the answer to which must come from research men who study the caries problem. The point I wish to emphasize is the fact that almost every one of these caries-immune Italians presents a filthy dental system, laden with calculus and sordes, and always in a fairly advanced state of periodontoclasia, *because he never used a toothbrush*. Whatever the inherent caries-preventive factor may be, it has not availed in the prevention of periodontal disease. Mushy diet without toothbrush use takes its toll, and the caries-free Italian loses his teeth by periodontoclasia, despite the fact that he is caries immune.

In the study of a large number of cases, the immense potentiality for preventive periodontal work among young people

between the ages of seventeen to thirty, seems to present the most achievable possibility in dentistry today. Far too many individuals, who in their thirties are told that they have periodontoclasia, might have had preventive instructions and dental care in the earlier years when a simple marginal gingivitis presented itself. In the seventeen to thirty age group, the dentist should be particularly careful in the examination of the gingival tissues, and by the use of a periodental explorer he can gauge the depth of the gingival crevices and discover gingival disease in its early stage. Two millimeters or more depth of the crevice, moveability of the interdental papillae, reddish or bluish color of the marginal tissue and papillae, and change in contour of the gingivae, bespeak a low-grade chronic inflammatory condition that should be treated promptly if the farther onslaught of the disease is to be prevented. At this early stage the disease can be treated with facility, whereas, if it is allowed to progress, the dental periodontoclasia which comes in the thirties and forties, is a difficult and often hopeless problem for treatment.

In the light of our present knowledge of periodontal disease as a potential source of systemic infection, the need for its prevention assumes a seriousness we, as dentists, cannot ignore. The prevention of periodontoclasia would satisfy, partly at least, the statement of Dr. Charles Mayo that, "the next great step in preventive medicine must come from dentistry."

Periodontal disease is generally preventable. The major requirement toward this end is to have dentistry as gingival-disease conscious as it is caries conscious.

FOCAL INFECTION AND ITS RELATION TO SYSTEMIC DISEASES

JACK SHOBIN, '37

THE young graduate will often be confronted with queries of patients who are suffering from some systemic ailment as to whether the removal of diseased teeth will cause a direct improvement in the patient. He will try in all sincerity to give a truthful answer. He is aware of the fact that many lesions in various organs are attributed to focal infection; but he is also aware that the laity displays an exaggerated confidence in the extraction of teeth as a cure for diverse maladies. How far, then, are the teeth of a particular individual responsible for his systemic ailments?

Over a century ago, in 1818, Benjamin Rush, M.D., published an article in which he called the attention of the profession to a few cases of tooth extraction which had relieved a rheumatic condition. He concluded his article as follows: "I have been made happy by discovering that I have only added to the observations of other physicians in pointing out a connection between the extraction of diseased teeth and the cure of general diseases."

Like many another great discovery made prematurely, this phenomenal observation remained unnoticed for almost a century. In the past twenty-five years extensive research has been made in the field of focal infection by E. C. Rosenow of the Mayo Clinic, by Frank Billings with many of his colleagues in the Rush Medical College, by Dr. Charles Mayo and many other outstanding investigators. Conclusive evidence was produced that infected teeth, particularly in the abscesses at the roots of pulpless teeth, and the suppurative lesions in

periodontoclasia, are associated with rheumatic fever, heart diseases, arteriosclerosis, nephritis, ocular diseases, appendicitis, ulcers of the stomach, euritis, etc. The above lesions have also been traced to some primary focus besides abscessed teeth, particularly to the tonsils, prostate gland, uterine cervix, and occasionally to the gall-bladder and appendix. When the resistance of the individual decreases because of advanced age or a variation in the degree of health, the bacteria may travel via the blood stream or lymph channels and set up a secondary focus of infection. In this connection Rosenow expounded his theory of "elective localization" or "selective tissue affinity." According to this theory, a streptococcus isolated from an apical abscess in a patient suffering from, let us say, arthritis will, when injected into an animal, produce lesions similar to arthritis. If the patient is suffering from endocarditis, and a streptococcus from some primary focus of infection were injected into a test animal, a lesion similar to endocarditis would be produced. Rosenow explained this striking phenomenon by the fact that each strain of streptococci isolated from some primary focus of infection seems to have a particular affinity for some organ or tissue.

Rosenow's theory caused quite a stir in medical circles. It was obvious that if his claims were true, then the only problem in treating a malady resulting from a primary focus of infection was to locate that focus of infection and eradicate it. The pendulum swung to the extreme. The medical profession de-

cided to condemn the "teeth and tonsils." Only recently during the course of one year more than 1,000,000 tonsilectomies were performed. The wholesale extraction of all dubious or devitalized teeth was advised and executed. If this extermination policy were to continue, we should soon become a "toothless nation."

Fortunately, clouds of doubt began to appear on this horizon of overenthusiastic mass-extraction. It gradually dawned upon the medical men that Rose-now's theory was not an established truth but merely a theory. As a matter of fact, efforts of some other investigators to duplicate his findings have failed.

The profession began to wonder whether condemnation of a pulpless tooth merely because it is a potential source of danger is in any way justified. It is somewhat disheartening to state that even up to this day the problem of focal infection has not been definitely and satisfactorily settled. The more conservative group, probably the major part of the profession, wonders whether the patients are not suffering more from ineffective mastication and malnutrition resulting from a crippled mouth than they are from the lesion from which presumably their physician or dentist sought to give them relief. The conservative group believes that although a tooth with a vital pulp is much to be preferred, yet if the pulp is removed under a careful aseptic technic—and the root canal technic is constantly improving—a satisfactory percentage of success may be expected. Many carelessly managed pulpless teeth are a menace to health and should be extracted, but the mere fact that a pulpless tooth is found in the mouth of a patient who complains of a systemic disease does not constitute evidence that the tooth is the causative factor.

On the other hand, the more radical

part of the profession, particularly medical men, who are not confronted with the problem of making serviceable dental restorations in a mutilated mouth, are inclined to believe that the loss of a few teeth, especially those diseased at the apex, is an insignificant matter. It is totally unwarranted to hesitate in the eradication of periapical infections or potential nuclei of such infections as pulpless or doubtful teeth, even in the absence of any systemic disease. Why wait until infection sets in and metastasizes to a secondary focus, thus injuring the joint or organs beyond repair? "Any patient," says Allen, "should accept gladly the loss of a few teeth if this would possibly aid in avoiding such deadly or incapacitating diseases as bacterial endocarditis or chronic ulcerative colitis" (1).

Confronted with two such diametrically opposed views the young graduate is, to say the least, puzzled. He begins to search for a middle line, for some compromise. It is in view of this that the system practiced at St. Luke's Hospital in Richmond, Va., is of interest (2).

When a patient who presents himself at the hospital has doubtful teeth and a systemic disease not associated with focal infection, the conservative method is advocated. If, however, the patient is suffering from a disease believed to be associated with focal infection, the radical method is advised.

For instance, a patient who has doubtful devitalized teeth presents himself for treatment of a disease of the kidneys. Now, if he has a kidney stone, or if the kidney contains a cyst, the extraction of the teeth is of no avail. If he has a chronic nephritis, his case may belong to one of three large classifications of this disease: (a) Chronic interstitial nephritis, (b) nephrosis, and (c) chronic parenchymatous nephritis. It is only in the last

group, parenchymatous nephritis, that eradication of all foci of infection is considered of prime importance. In such a case the removal of every doubtful tooth is justified.

This rational approach ought to be taken in the diagnosis of all systemic diseases associated with focal infection. Thus, let us consider how it could be applied in case of heart disease, which is of specific interest, since the death rate from heart disease is rather high and is constantly on the increase.

Cardiac diseases may be divided into two large groups: rheumatic and degenerative. In rheumatic carditis there is an infection of the heart valves, particularly the mitral valve, and of the heart muscles, particularly the endocardium. The cause of rheumatic carditis is usually rheumatic fever, which in turn is considered to be the result of oral or nasal infection. Rheumatic carditis is a disease of children, adolescents, and young adults. The advisability of eliminating focal infection in cases of rheumatic carditis or of rheumatic fever is evident.

In the second group of degenerative heart diseases which are met with in patients of middle or old age, the progressive destructive changes do not result so much from infection as from the strenuous urban life imposed upon humanity by modern civilization. Indiscriminate extractions of doubtful teeth would, in the latter case, probably be of little value.

As far as arthritis is concerned, it is classified into two main types: (a) Rheumatoid or infectious arthritis, (b) hypertrophic osteoarthritis (3).

(a) Rheumatoid arthritis occurs at an earlier age, from twenty to forty, and is characterized by migratory swellings and pain in the joints in the early stage and in the later stage by crippling and deformity. This type of arthritis was

believed to be of infectious origin, and the eradication of all foci of infection was advocated as a preliminary therapeutic measure. Now, however, the medical profession is divided into three groups as regards the etiology of arthritis. The first group seems definitely to regard rheumatoid arthritis as infectious in origin. The second group flatly denies focal infection as an etiologic factor. The third group is in doubt.

Regardless of the etiology of rheumatic arthritis, foci of infection are considered by all practitioners as capable of *aggravating* the condition and hence should be definitely eradicated.

(b) Hypertrophic osteoarthritis occurs at a later age and is characterized by a thickening of the bony structures. This disease is not considered infectious in origin.

Now, after having considered the relation of focal infection to nephritis, cardiac diseases, and arthritis, let us briefly consider a few other systemic diseases and their connection with focal infections.

In arteriosclerosis and diabetes the elimination of all possible foci of infection is believed to facilitate the treatment. It is agreed from clinical observation that over 50 per cent of the cases of simple thyroiditis are associated with preceding infection of the pharynx, tonsils, or teeth. There is yet no proof, however, that any of the stomach ailments such as indigestion, acute or chronic gastritis, or ulcers, could be directly attributed to infected teeth.

In the case of anemia it depends on whether it is secondary, miscellaneous, or pernicious anemia. Since the last is a rather grave and progressive disease, the medical profession believes that the patients have all they can handle in fighting this disease and, therefore, all possible foci of infection should be removed.

Let us now regard the young graduate after the query of the suffering patient. In order to answer his patient to the best of his knowledge, he must know (a) What particular form of a specific systemic disease his patient is suffering from; (b) what rôle focal infection plays as a causative factor; and (c) to what extent are all other possible sources of infection to be considered.

Since these phases of diagnosis belong primarily to the realm of the physician, the necessity of close coöperation between the dentist and physician is obvious. No dentist should be talked into an extraction because of the urging of a patient who believes that such an extrac-

tion would cure his malady. Let one bear in mind that carcinoma and tuberculosis may, at times, make alarming headway in cases of ill-advised extractions while both patient and dentist hope and wait for an anticipated improvement (4).

REFERENCES

- (1) ALLEN, V.: "Relationship of Medicine to Dentistry." *J. A. D. A.*, 23: 254, February, 1936.
- (2) WILLIAMS, J. B.: "Interrelationship of Dental Practice and General Medicine." *J. A. D. A.*, 23: 737, May, 1936.
- (3) FINKLE, P.: "Arthritis, with Special Reference to Mouth Manifestation." *J. A. D. A.*, 23: 1632, September, 1936.
- (4) ALLEN, V.: *Ibid.*

ANKYLOSIS OF TEMPOROMANDIBULAR JOINT

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BONY, or true, ankylosis may be defined as an osseous union between the bones forming a joint. In the temporomandibular joint, the

REPORT OF CASE

E. J., a white girl, age 4 years, was admitted to the University Hospital May 30, 1935. The chief complaint was

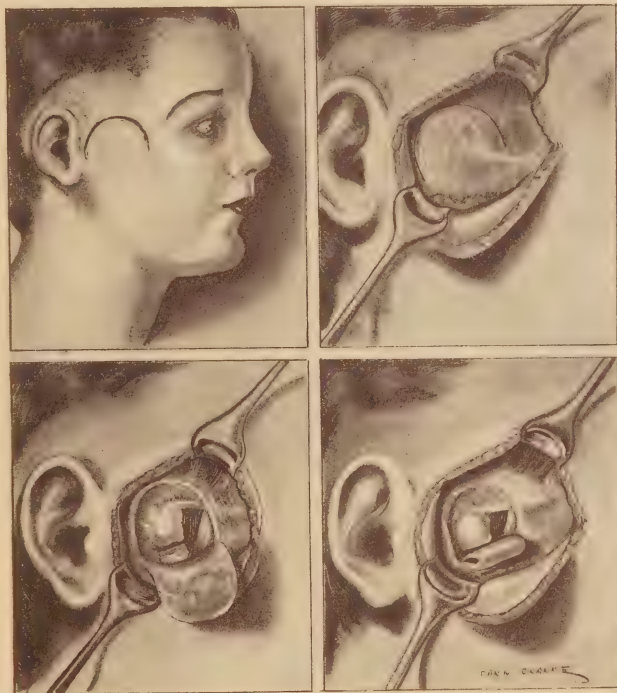


FIG. 1. Diagrammatic drawings showing steps in operation.

disease involves the head of the mandible or the coronoid process so that they are firmly fused to the temporal bone and the base of the zygoma by new bone formation.

her inability to open her mouth, associated with marked facial deformity and impaired speech.

Her history, obtained with difficulty from the mother, was to the effect that

she was treated when one year old for Infantile Paralysis and had been unable to open her mouth since that time. The child was anemic and had never tasted

X-ray and clinical examination at this time pointed to an ankylosis of the right temporomandibular joint.

The child returned in October 1935,



FIG. 2. The upper photographs show patient on admission. The lower photographs show the incision and results.

solid food. Because of the hot weather and the child's poor physical condition the mother was advised to wait until fall for the operation.

improved physically, and operation was decided upon.

Under general anesthesia it was impossible to get any movement of the jaw.

A curved incision was made over the joint and a flap of skin dissected down. A smaller flap of superficial fascia was turned down, the masseter muscle retracted and the joint exposed. Firm bony union was found to exist, with little evidence of the head of the condyle remaining. Osteotomy was performed, and immediately, the anesthetist could open the patient's mouth. A section, about one-quarter inch, of the condylar neck was removed, the fascia flap turned up between the incised surfaces of bone and sutured at each side. The skin flap was then closed. Props were

placed between the jaws to hold them apart.

The child was encouraged to exercise her jaws; at first she pushed particles of food aside, but soon was able to chew and enjoy food normally.

She remained in the Hospital for three weeks following the operation with no complications except a slight stitch infection.

The patient was last seen in June 1936. At that time her jaw movement was good, the facial deformity seemed to be less evident, and her physical condition was greatly improved.

CASE HISTORY OF A LOWER LEFT CUSPID ERUPTING EXTERNALLY ON THE FACE

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IN THE literature of cases in which teeth have been totally displaced and have erupted externally none was found to apply to the lower cuspid.

are also reports of teeth in the antrum which have erupted below the eye through the cheek; and cases of the lower third molar erupting at the angle of the jaw. In the London Odontological Society Museum there is a wax model of a third molar erupting externally at the angle of the jaw.

In this country several similar cases of third molars erupting externally have been reported. This is a case report, with accompanying photographs, of a lower left cuspid totally displaced and erupting externally through the chin.

A well-formed, healthy colored boy, age twelve years, came to the hospital dispensary for the removal of the lower left cuspid tooth. The tooth, of unusually large size, was protruding through the face in the lower left cuspid area. The region around the tooth was sore and inflamed, with a slight sloughing of the tissue.

The family history was negative: mother and father, five brothers and one sister living and well. The patient had had the usual childhood diseases, and at the age of seven years began having boils, which appeared on various parts of his body. He was admitted to Johns Hopkins Hospital and treated there for about eight months. He was finally sent to Henryton Sanatorium, where he was treated for tuberculosis. While he was at the sanatorium, a spot appeared on his face in the region of the lower left cuspid.

It began as a slight pimple, red and

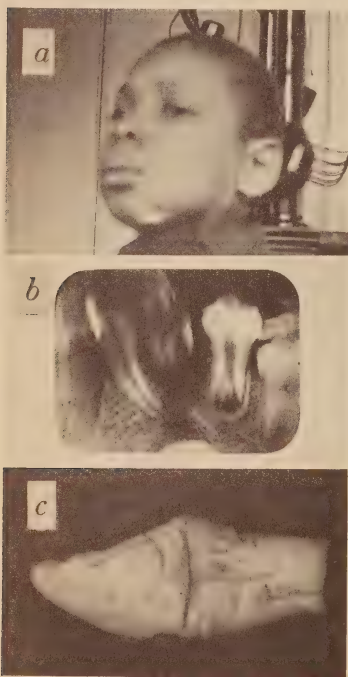


FIG. a—Patient before operation. FIG. b—Radiograph of area. FIG. c—Tooth after removal.

In Great Britain, Sir Norman Bennett reports several cases of the upper central incisor erupting through the lip. There

sore, with an inflamed area, from which pus was evacuated. Upon evacuation the opening would start to heal but never quite healed over, and was always sore in the region of eruption and always draining. The patient was kept at Henryton for two years (during which time drainage continued), then was discharged.

He enjoyed fair health upon dismissal from the sanatorium and remained at home for a year and two months. About a month before appearing at the dental dispensary, he first noticed what appeared to be a tooth protruding from the affected area. This tooth had continued

to erupt, and at the time seen in the dispensary it was a fully erupted, well-formed lower left cuspid tooth, with the entire crown extending through the face.

The tooth was removed under local anesthesia and the root was found to be not fully formed. Complete healing followed, leaving only a small scar on the face.

The rareness of this anomaly makes it an interesting case of total displacement. Sir Norman Bennett, in *The Science and Practice of Dental Surgery*, speaking of total displacement says, "The probable cause is some congenital aberration of the crypt, or of the direction of the crown in the crypt."



THE EXTRACTOR OF TEETH
By Gerard Dou, Louvre, Paris

THE CLARENCE J. GRIEVES LIBRARY FOUNDATION

GERARD DOU, 1613-1675

THE picture on the opposite page is from an engraving recently acquired by our Library. The original is an oil painting in the Louvre, Paris.

Gerard Dou was born at Leyden in 1613. Young Gerard's love of drawing and natural ability led his father, a glazier, to place him with a glass painter named Kowenhoorn. When he was only 15 years old he became Rembrandt's first pupil. Rembrandt and Dou painted at night in a kitchen with their subjects in lantern or candlelight. Here Dou developed his characteristic style and reproduced the bright highlights and deep transparent shadows with a fidelity and skill no other master has equaled. He did not attempt to make his work tell romantic tales but depicted the everyday life of the humbler classes. Dou was a master of detail and dwelt so minutely on each part that he was obliged to give up portrait painting on account of the weariness of his sitters. Because of this minute execution his pictures are never large and rarely contain more than three figures. His works, of which 209 have been catalogued, are in all the great European collections. Seven of these have the dentist and his patient as subjects.

BOOK NOTES

The Claims of Dentistry. An address delivered at the Commencement Exercises of the Dental Department in Harvard University, February 14, 1872, by OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy.

If you want to spend a delightful half-hour read this address on "The Claims of Dentistry." It is characteristic of the author of "The Deacon's Masterpiece" and typical of the play of humor with which Dr. Holmes lightened his lectures on anatomy, the veritable dry bones of medicine and dentistry, and made him a favorite with his students.

It will mean more than just a pleasant half-hour, for the only way to appreciate dental history is to be familiar with the works of men who have directed dental thought and education.—"But this Commencement of the Dental School has a real significance, though it makes little show, and does not appeal to any vulgar interest. It publishes the fact that a new pursuit has been assigned its place among the chosen professions which a fully-organized educational institution may fitly take in hand, and provide for teaching. And you may be assured that, before our old university would take such a step, its governing boards had satisfied themselves that the time was fully ripe for it. The dental profession had achieved its success, and had won its place in the estimate of the intelligent public, before its teachers were asked to share the labors and the dignities which belong to the faculties of this great institution."

In developing his subject, "The Claims of Dentistry," Dr. Holmes pays a glowing tribute to the teeth in relation to the beauty of the human countenance, to

their importance in speech and mastication, and becomes enthusiastic over the "admirable mechanical skill which has developed itself in every form to relieve suffering, to supply deficiencies, to add in all possible ways to comfort and comeliness."

While this was a mechanical and artistic conception of dentistry, it was an art of such importance that in 1872 it was "recognized as one of the great callings of life," and Harvard University was conferring upon the graduates of its Dental Department the degree of D.M.D. As Harvard was the first classical institution to confer a degree upon dentists, a degree that would meet classical requirements had been selected. All other schools were using the degree of D.D.S., but as the diplomas read "Chirurgiae Dentium Doctoris" the initials should have been D.D.C. While the degree "Scientiae Dentium Doctoris" would leave the initials D.D.S. unchanged, it was rejected on the ground that dentistry was not a science. By prefixing the word "Dentariae" to the old degree of "Medicinae Doctoris," Harvard University created a distinctive title in classical form for this branch of medicine.

In reading "The Claims of Dentistry" it is well to keep in mind the fact that Oliver Wendell Holmes was a frequent reader of *The Dental Cosmos* and a close friend of the editor, Dr. John Hugh McQuillen, Dean of the Philadelphia Dental College, who was recognized throughout the world as an authority on all subjects relating to dentistry. As Holmes consulted Dr. McQuillen and another good friend, Dr. George T. Moffatt, Professor of Operative Dentistry at Harvard, in preparing his ad-

dress we can regard his views as being typical of dental thought at that time.

When you finish this short book of only thirty-five pages, it will be interesting to read Dr. Newman's Introduction to *Oral Diagnosis and Treatment Planning* by Samuel Charles Miller (1936). The change from mechanical art to applied science is clearly emphasized by Dr. Allen T. Newman, Dean, New York University College of Dentistry: "For years, dentistry has been laboring under a tradition of mechanical endeavor and has developed that phase of its work to a high degree. The dentist thought in terms of 'what to do' instead of 'what was wrong' or what caused the condition. The patient did not expect more than this and was satisfied with a hasty examination made with mirror and explorer. A statement of the restorative needs by the dentist was all that dentistry had to offer in the way of diagnostic health service. The change from that era has been rapid and the fostering of a closer alliance among the various professions concerned with health service has greatly changed the perspective of the dental practitioner.

"The dentist's responsibility, at present, is one of health service."

RECENT ACCESSIONS TO THE LIBRARY

Books added to the library January 1, 1935 to January 1, 1936:

- Adams, Carl W.—*Your Teeth and Their Care*. 1932.
 Alfred, Lord Tennyson—*Idylls of the King*. 1935 ed.
 American Medical Association—*Handbook of Therapy*. 1935.
 Andrews, A. H.—*Dental Decay*. N. D.
 Asgis, Alfred J.—*An Outline of Dental Socio-Economics*. 1934.
 Barber, Edward S.—*Practical Anesthetics with Nitrous Oxide and Oxygen*. 1914.
 Barborka, Clifford J.—*Treatment by Diet*. 1935.

- Barker, Fred G.—*Forty-Minute Plays from Shakespeare*. 1935.
 Bastedo, Walter A.—*Materia Medica, Pharmacology, Therapeutics and Prescription Writing*. 1934.
 Bauer, G. N. and Brooke, W. E.—*Plane and Special Trigonometry*. 1917.
 Beckman, Harry—*Treatment in General Practice*. 1935.
 Black, G. V.—*Operative Dentistry*. 4 vols. 1936.
 Blair, V. P. and Ivy, R. H.—*Essentials of Oral Surgery*. 1936.
 Blayney, J. R.—*Dental Pharmacology and Therapeutics*. 1936.
 Bödecker, Charles F.—*Elementary Histology for Dental Hygienists*. 1933.
 Browne, Lewis—*This Believing World*. 1935.
 Bunting, Russell W.—*Oral Hygiene and the Treatment of Periodontal Diseases*. 1936.
 Burton Manufacturing Company—*Indicative Oral Diagnosis*. 1936.
 California Medical Economy Survey Staff—*Preliminary Report to the Committee of Five for the Study of Medical Care*. 1935.
 Callander, C. Latimer—*Surgical Anatomy*. 1935.
 Christopher, Frederick—*Minor Surgery*. 1935.
 Coffin, Robert P. T.—*Portrait of an American*. 1935.
 Commission on Dental Journalism of the American College of Dentists—*The Status of Dental Journalism in the United States*. 1932.
 Committee on the Survey of Medical Services—*Report on Survey of Medical Services and Health Agencies*. 1933.
 Cunningham, D. J.—*Manual of Practical Anatomy*. 1935.
 Davison, Alvin—*Mammalian Anatomy*. 1931.
 De Kruij, Paul—*Why Keep Them Alive?* 1936.
 De Loude, L. Charles—*Surgical, Operative and Mechanical Dentistry*. 1840.
 de Takats, Géza—*Local Anesthesia*. 1928.
 Diamond, M.—*Dental Anatomy*. 1935.
 Dickens, Charles—*Great Expectations*.
 Dilling, W. J. and Hallam, S.—*Dental Materia Medica, Pharmacology and Therapeutics*. 1936.
 Dimas-Aruti, F. M.—*Jurisprudencia Dental*. 1932.
 Doxtater, Lee W.—*Full and Partial Denture Prosthesis*. 1936.
 Dunning, W. B. and Davenport, S. E.—*A Dictionary of Science and Art*. 1936.

- Durant, Will—*Great Men of Literature*. 1936.
- Ennis, LeRoy M.—*Dental Roentgenology*. 1936.
- Fischer, Guido—*Local Anesthesia in Dentistry*. 1914.
- Fish, E. Wilfred—*An Experimental Investigation of Enamel, Dentine and Dental Pulp*. 1933.
- Fish, E. Wilfred—*Principles of Full Denture Prosthesis*. 1933.
- Flint—*The Principles and Practice of Medicine*. 1868.
- French, Herbert—*An Index of Differential Diagnosis of Main Symptoms*. 1936.
- Galsworthy, John—*Worshipful Society*. 1932.
- Garrison, Fielding H.—*An Introduction to the History of Medicine*. 1929.
- Goldzieher, Max A.—*Practical Endocrinology*. 1935.
- Gordon, Neil E.—*Introductory College Chemistry*. 1926.
- Gray, Henry—*Anatomy of the Human Body*. 1936.
- Gray, John—*Preservation of the Teeth*. 1842.
- Haden, Russell L.—*Dental Infection and Systemic Diseases*. 1936.
- Hall, Percy—*Ultra-Violet Rays in the Treatment and Cure of Disease*. 1930.
- Harris, Chapin A.—*Address Delivered before the American Society of Dental Surgeons*. 1843.
- Harris, Chapin A.—*Address Delivered before the Class of the B.C.D.S.* 1850.
- Harris, Chapin A.—*The Principles and Practice of Dental Surgery*. 1845.
- Henry, George W.—*Essentials of Psychopathology*. 1935.
- Holliday, Houghton—*Dental Radiology Handbook*. 1935.
- Homer—*Iliad*. 1935 ed.
- Homer—*Odyssey*. 1935 ed.
- Hyatt, Thaddeus P.—*Hygiene of the Mouth and Teeth*. 1929.
- Ibsen, Hendrik—*Plays*. 1935 ed.
- James, Frederic—*Principles of Dental Histology, Clinical Pathology and Therapeutics*. 1934.
- Jamieson, E. B.—*Companion to Manuals of Practical Anatomy*. 1935.
- Johnsen, Julia, compiler—*Socialization of Medicine*. 1930.
- Johnsen, Julia, compiler—*Socialization of Medicine*. Supplement. 1930.
- Jordon, Harvey E.—*A Textbook of Histology*. 1934.
- Karsner, Howard T.—*Human Pathology*. 1935.
- Keller, Helen R.—*Reader's Digest of Books*. 1936.
- Leigh, R. Wood—*Notes on the Stomatology and Pathology of Ancient Egypt*. 1934.
- Letson, Russ—*Dental Oddities*. 1934.
- Leuck, Miriam S.—*A Further Study of Dental Clinics in the United States*. 1932.
- Lindsay, Hon. Lilian—*A Short History of Dentistry*. 1933.
- Lippman, Walter—*Preface to Morals*. 1935.
- Logan, J. Douglas and Logan, R.—*Dental Prosthetics*. 1934.
- Lusk, Graham—*The Elements of the Science of Nutrition*. 1931.
- MacCallum, W. G.—*Textbook of Pathology*. 1932.
- McClendon, J. F. and Pettibone, C.—*Physiological Chemistry*. 1936.
- McGehee, Wm. H. O.—*A Text-book of Pharmacology, Materia Dentica and Pharmacotherapeutics*. 1936.
- Macphee, G. Graham—*Studies in the Actiology of Dental Caries*. 1935.
- Maliniak, Jacques W.—*Sculpture in the Living*. 1934.
- Maltz, Maxwell—*New Faces—New Futures*. 1936.
- Marriott, Williams M.—*Infant Nutrition*. 1936.
- Massie, Grant—*Surgical Anatomy*. 1933.
- Mead, Sterling V.—*Oral Surgery*. 1934.
- Medical Library of the Late Dr. Chapin A. Harris. (pamphlet)
- Merck and Company—*Merck's Index*. 1930.
- Meyer (Churchill, H. R., trans. and ed.)—*Normal Histogenesis of the Human Teeth*. 1935.
- Meyers, Milton K.—*Lang's German-English Dictionary*. 1932.
- Miller, Samuel C.—*Oral Diagnosis and Treatment Planning*. 1936.
- Mills, G. P. and Humphries—*A Text-book of Surgery for Dental Students*. 1935.
- Morgan, John J. B.—*Keeping a Sound Mind*. 1935.
- Munro, Henry S.—*Handbook of Suggestive Therapeutics, Applied Hypnotics*. 1912.
- Murray, Alexander S.—*Manual of Mythology*. 1897.
- Nodine, Alonzo A.—*Minor Oral Surgery*. 1935.
- Oliver, John—*Fear*. 1935 ed.
- Osborne, Oliver T.—*Mouth Infection*. 1934.
- Philadelphia County Dental Society—*Human Face*. 1935.
- Peek, G. N. and Crowthers, S.—*Why Quit Our Own?* 1936.
- Petersen, William F.—*The Patient and the Weather*. 1935.
- Prinz, Herman—*Dental Formulary*. 1936.

- Pusey, William Allen—*A Doctor of the 1870's and 1880's*. 1932.
- Quigley, M. C. and Marcus, W. E.—*Portrait of a Library*. 1936.
- Reeder, Ward G.—*How to Write a Thesis*. 1930.
- Rhinehart, D. A.—*Roentgenographic Technique*. 1936.
- Rowell, Charles S.—*A Manual of Dental Economy*. 1855.
- Samson, Edward—*Black Ivory*. 1936.
- Schutzmann, A. M.—*Irregular Teeth*. 1934.
- Schwartz, Jacob R.—*Cavity Preparation and Abutment Construction*. 1936.
- Schwartz, Jacob R.—*Practical Dental Anatomy and Tooth Carving*. 1935.
- Seth, George and Guthrie, Douglas—*Speech in Childhood*. 1935.
- Shepardson, Francis W.—*Baird's Manual of American College Fraternities*. 1935.
- Sherwood, Noble Pierce—*Immunology*. 1935.
- Sigerist, Henry E.—*American Medicine*. 1934.
- Singer, Edward—*Fasciae of the Human Body*. 1935.
- Skinner, Eugene W.—*Science of Dental Materials*. 1936.
- Society for Research in Child Development Abstracts and Bibliography. 1934-36.
- Stedman, Thomas L.—*A Practical Medical Dictionary*. 1933.
- Stephens, James—*Crock of Gold*. 1935 ed.
- Stewart, Oscar M.—*Physics*. 1931.
- Sutton, Richard and Sutton, R., Jr.—*Diseases of the Skin*. 1935.
- Taylor, J. A.—*History of Dentistry*. 1922.
- Thoma, Kurt H.—*Oral Diagnosis and Treatment Planning*. 1936.
- Thompson, T. D.—*Facts for the People Relating to the Teeth*. 1854.
- Thwing, Charles F.—*The American College and University*. 1935.
- Todd, J. C. and Sanford, A. H.—*Clinical Diagnosis by Laboratory Methods*. 1936.
- Treves, Sir Frederick—*Surgical Applied Anatomy*. 1934.
- Twain, Mark—*Innocents Abroad*. 1930 ed.
- United States Army X-Ray Manual. 1919.
- United States Pharmacopoeial Committee—*Pharmacopoeia*. 1936.
- Vyden, Keith—*First Aid to the Teeth*. 1932.
- Zoethout, Wm. D.—*A Textbook of Physiology*. 1931.

REQUESTS

The library can always use books, journals, pamphlets, and reprints on dentistry or written by dentists. Donations will be greatly appreciated.

ALUMNI NEWS

To the Alumni of the Baltimore College of Dental Surgery, Dental School, University of Maryland living in distant states and foreign countries and who may have lost touch with affairs at the University:

MAY I call your very special attention to the tremendous progress made by your Alma Mater in the past few years. If you could visit Baltimore today, you would find on the northwest corner of Lombard and Greene Streets a new Dental School building; on the corner of Redwood and Greene Streets, you would see an eleven-story building of beautiful architectural design, which is the new University

Hospital with the finest and most modern equipment obtainable.

Our Dental School ranks now with the best, being among about fifteen preferred dental schools now registered in New York State. This ranking is due not only to the physical equipment but also to the high standing of its teachers, many of whom enjoy national and international reputations. We Alumni of the Baltimore College of Dental Surgery, Dental School, University of Maryland should have a distinct pride in the school from which we graduated.

During commencement week this year, there will be class reunions of the graduates of 1932, 1927, 1922, 1917, 1912, 1907, 1902, 1897 and back each five years as far

as it is possible to get them together. The University and our Alumni Association are doing everything in their power to make it worth while for those of you who attend.

At the American Dental Association Meeting to be held in Atlantic City the week of July 5, we shall have our headquarters at one of the prominent hotels, and during the week our Alumni Association will give a dinner. More of the details concerning this will be sent you in a later communication.

ARTHUR BELL, *President,*
Alumni Association of the
Baltimore College of Dental Surgery,
Dental School, University of Maryland

ALUMNI ASSOCIATION

The first annual meeting of the Society of the Alumni of the Baltimore College of Dental Surgery was held in Baltimore, March 1, 1849. This organization has continued in existence to the present, its name having been changed in 1923 to The National Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland. The present officers are as follows:

ARTHUR I. BELL, *President,* Medical Arts Building, Baltimore, Maryland.

JOSEPH C. CARVALHO, *First vice-president,* 422 Columbia Street, Fall River, Massachusetts.

KYLE T. LEE, *Second vice-president,* Medical Arts Building, Roanoke, Virginia.

WILLIAM F. MARTIN, *Secretary,* Medical Arts Building, Baltimore, Maryland.

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GRAYSON W. GAVER, 1940 Edmondson Avenue, Baltimore, Maryland.

FRATERNITIES AND SOCIETIES

THE INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

The International Association for Dental Research was organized in New York City on December 10, 1920.

The Baltimore section was organized in 1933. The list of members is as follows:

DR. E. V. MCCOLLUM, *President;* DR. M. S. AISENBERG, *Secretary;* DR. G. M. ANDERSON, DR. E. C. DOBBS, DR. H. GOLDSTEIN, DR. H. E. KELSEY, DR. J. B. ROBINSON, DR. A. SCHULTZ.

The general meeting of the Association was held on March 13-14, 1937, at the Lord Baltimore Hotel, Baltimore, Md. Visitors were welcomed at all the sessions and at the dinner which was held on March 14, at 6:30 P.M.

UNIVERSITY OF MARYLAND BIOLOGICAL SOCIETY

Among the most active organizations within the University is the Biological Society, founded February 11, 1928. Active in the Society are members of the

teaching and research staffs of all the Schools and Colleges of the University. At the monthly meetings papers of scientific interest are presented by members as well as by various scientists of national reputation.

At the last business session of the Society, Dr. E. G. Vanden Bosche, of the Chemistry Department, was elected president and Dr. A. Y. Russell, '13, was elected a member of the council. Other Dental Faculty members are Dr. Aisenberg, Dr. Dobbs, and Dr. Starkey. The annual spring meeting of the Society will be held in College Park, in April.

Proceedings of the Society are published in the *Bulletin of the School of Medicine*.

All program meetings are open to the dental profession.

THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

The American Association for the Advancement of Science held their winter meeting in Atlantic City on December 28, 1936. The program consisted of original research papers read by members and guests. Dr. J. Ben Robinson and Dr. Edward C. Dobbs of Baltimore attended.

BALTIMORE CITY DENTAL SOCIETY

The Baltimore City Dental Society lists the following program for the winter of 1936 and 1937:

October 12: DR. LEROY S. MINER, Boston, Massachusetts; President, American Dental Association.

November 9: DR. CLYDE H. SCHUYLER, New York University; "Partial Dentures."

December 14: DR. DANIEL E. ZISKIN, Columbia University; "A Phase of Oral Diagnosis."

January 11: DR. MAX BAKLOR, Balti-

more, Maryland; "Diathermy in Dentistry."

February 8: General Clinics by members of The Baltimore City Dental Society.

March 15: DR. U. GARFIELD RICKERT, University of Michigan; "The Dental Medicine Cabinet."

April 12: DR. VERNON J. LOHR, Washington, D. C.; "Crown and Bridge Work—Exhibit of Models and Cases."

May 10: Annual Business Meeting.

Place: 1211 Cathedral Street.

A cordial invitation is extended to all members of the American Dental Association to enjoy these meetings with us.

The following members of the Baltimore Dental Society and alumni members of the B. C. D. S. published papers, read papers, or gave clinics during the year of 1936: Dr. Myron S. Aisenberg, Dr. George M. Anderson, Dr. Edward C. Dobbs, Dr. Brice M. Dorsey, Dr. Grayson W. Gaver, Dr. Harold Goldstein, Dr. William E. Hahn, Dr. Hugh T. Hicks, Dr. Burt B. Ide, Dr. H. E. Latcham, Dr. Harry B. McCarthy, Dr. Ernest B. Nuttall, Dr. Alexander H. Paterson, Dr. Kyrle W. Pries, Dr. J. Ben Robinson, Dr. A. Y. Russell, Dr. Nathan Scherr.

JUNE WEEK ACTIVITIES FOR THE ALUMNI AND THE GRADUATING CLASS

June 2: Class Day, Senior Prize Contests, Omicron Kappa Upsilon Fraternity Banquet.

June 3: Lectures—Demonstrations, Golf Tournament, Card Party, Senior Class Banquet and Dance.

June 4: Post-Graduate Courses, Alumni Banquet.

June 5: Commencement.

PERSONALS

Dr. A. Dudley Drake, Class of 1929, was married to Miss Florence Schultz on December 23, 1936.

Dr. Douglas Browning, Class of 1934, was appointed instructor of bacteriology and pathology at the Dental School.

Dr. H. B. McCauley, Class of 1936, was appointed instructor of radiodontia at the Dental School.

Dr. Romeo DeFlora, Class of 1929, was married to Miss Anne Hannan on January 29, 1936.

Dr. Walter Ruhraabaugh of Baltimore, Class of 1927, died on October 26, 1936.

PSI OMEGA ALUMNI

The Oriole Alumni Chapter of Psi Omega holds regular meetings at the Phi Alpha Chapter House, 1111 St. Paul St. This Chapter of Alumni was organized in 1921 by a group of local men who are still actively interested in carrying on the work they started. Their greatest achievement has been the continuous support given the Phi Alpha undergraduate chapter. They were responsible for securing the present home back in 1924. Through the spirited coöperation of the Ladies Auxiliary, which is very active in the interests of the boys, the accommodations at "eleven eleven" have been improved to the point where twenty-five boys may live with all home conveniences, including the refinements of complete maid and butler service.

During the school year many alumni social activities are carried on with enthusiastic support and coöperation. Card parties are held under the auspices of the Ladies Auxiliary. The men have an active luncheon club which meets regularly on the second Tuesday of each month at the chapter house.

Under the guidance of Dr. B. S. Wells, the past year has been the most successful in the history of local Psi Omega Alumni. Our luncheons have been well patronized, and we have had some fine talks from local professional

and business men at these get-togethers. At our last meeting we elected the following men to guide us during the coming year:

President: ARTHUR I. BELL.

Vice-president: LAWRENCE BIMESTEFER.

Treasurer: ELMER COREY.

Secretary: DANIEL SHEHAN.

THE WOMEN OF PSI OMEGA

The officers are as follows:

President: MRS. P. A. DEEMS.

Vice-president: MRS. C. C. COWARD.

Secretary: MRS. J. C. PYOTT.

Treasurer: MISS KATHERINE TOOMEY.

For several years the wives of the Alumni of Psi Omega have held an annual card party, using the proceeds to help defray the expenses of the active chapter. In January 1933 it was decided to organize, and the first election of officers was held in March.

Since then we have progressed numerically and financially. All funds raised have been used to make the Fraternity House at 1111 St. Paul Street more convenient, comfortable and homelike for the members of the active chapter.

We still continue our annual card parties, and have augmented these with a fall get-together dance and monthly card parties for the members and their husbands.

A most earnest invitation is extended to all wives and mothers of Psi Omegans to become active members, and to participate in our work.

XI PSI PHI ALUMNI

DR. HOWARD VAN NATTA, *President*.

DR. LEO A. WALZAK, *Vice-president*.

DR. J. R. MANUEL, *Secretary*.

DR. M. EDWARD COBERTH, *Treasurer*.

XI PSI PHI WOMAN'S CLUB

MRS. DOROTHY SMYTH, *President*.

MRS. RUTH MOORE, *Vice-president*.

MRS. KATHERINE HYSON, *Secretary*.

MRS. MAE STOKES GRAFFAM, *Treasurer*.

Social Function

First Annual Dance, December 12, 1936.

The Xi Psi Phi Woman's Club of Eta Chapter will have completed its first year of organization in March. The objectives of the Club are to promote social unity and to encourage and assist the Alumni and Active Chapters. Although the past year has been for the most part devoted to the difficult and important steps of organization, it is felt that a great deal has been accomplished toward the actual objectives.

Monthly meetings of the Club have been held at the homes of members, and in the course of the year this close association has developed a delightful fraternal relationship. Every effort has been made to interest all wives of the Alumni in the Club. Through these contacts, some of the Alumni who had shown lack of interest and had forgotten Xi Psi Phi for other diversions since graduation, have displayed a renewed interest in Zip affairs. The Membership Committee is constantly working for new members, and it is hoped that the Club will be able to stimulate more fraternal enthusiasm and evoke an active interest in the affairs of the fraternity among all the Alumni and their wives.

On December 12 the Club held its first annual dance at the Longfellow Hotel. The excellent music furnished by The Townsmen helped to make it a very gala occasion, and judging from its great success it will probably become an annual event eagerly anticipated from year to year.

ALPHA OMEGA

The unquestioned value of a professional Fraternity to the undergraduate is of importance to the student as well as

to the University. However, a far greater benefit may be derived by the Alumnus in the years that follow his graduation.

Founded at the University of Maryland on December 20, 1907, and now in its thirtieth year, Alpha Omega is proud of its record as a Fraternity and of the achievements of its illustrious sons. May I enumerate a few of the many progressive projects which form an important part of Alpha Omega's professional and fraternal activities.

1. In order to manifest its recognition and appreciation for valuable services to the profession at large, Alpha Omega presents, annually, an Achievement Medal to an outstanding man in one of the medical sciences. At our recent Annual Convention, the recipient of this Medal was Dr. Leroy M. S. Miner, President of The American Dental Association and Dean of the Harvard Dental School.
2. We stress loyalty on the part of our men to the schools which provided them with educational facilities and prepared them for their life's work.
3. We encourage our members to further individual study and research. Our Research Committee, consisting of outstanding men in the various specialties of Dentistry, acts as an Advisory Board to any member who calls upon it for advice.
4. Graduate Clubs and Study Groups function in all sections of the country. An interchange of essayists and clinicians between subordinate groups is constantly maintained.
5. Recognizing that the present undergraduate is the potential scientist of tomorrow, we supervise

student activities, provide them with every opportunity for a better understanding of their basic training and reward those who achieve high scholastic rank.

6. Our members, their wives and their children may obtain, through our organization, a low-cost insurance under our blanket policy.
7. We have been building, for several years, a Relief Fund, which, when fully endowed, will provide necessary aid to our unfortunate brothers.
8. We encourage affiliation with organized dentistry and we require our officers to be active members of The American Dental Association.
9. Our quarterly publication contains many interesting scientific articles as well as those of a personal nature.
10. Our Interfraternal Relations Committee makes every effort to foster good fellowship and mutual under-

standing and appreciation between all Fraternities.

SIGMA EPSILON DELTA

In 1932 the Sigma Epsilon Delta Dental Fraternity, founded in the City of New York, granted to a group of Dentists in the State of Maryland, a charter for the formation of a Sigma Epsilon Delta Maryland Graduate Chapter. Its membership is composed of former members in good standing in any of the fraternity's undergraduate chapters upon graduation, and dentists previously not affiliated with the chapters who possess all the necessary requirements for membership. Their purpose is to promote the highest excellence in the science and art of dentistry and its collateral branches, and to bring about a closer union amongst the undergraduate student bodies and the graduate members through fraternal coöperation. The Maryland graduate chapter is bending its every effort to accomplish these ends.

IN MEMORIAM

Dr. William T. Finney

Born: August 27, 1853; Died: December 1, 1936

IN THE death of Dr. Finney, the Alumni of the Baltimore College of Dental Surgery sustained a loss that is not figuratively but actually irreparable. He was the last link between the present generation and that strong group of individualists who accepted the duty and bore the brunt of maintaining the traditions and carrying on the struggle to establish dental education on a firm and dignified foundation. The duties thus willingly accepted by Dr. Finney and his contemporaries in both schools carried with them also the obligation to maintain those high standards which his immediate predecessors had received from the very men who established the Baltimore College of Dental Surgery and in so doing established also the beginning of organized dentistry and dental education.

Obituary notices elsewhere will record the professional achievements and the other outstanding incidents of his life. It is our desire here to express our high regard for him as a man, a teacher, a friend and a fellow member of our society. We wish also to bear testimony to his honesty of purpose, to his rectitude of character and to his kindly and genial personality. With this aim in view we therefore dedicate to his memory this page in our Journal to inscribe thereon our admiration for him as a fellow member who during his long and useful life never faltered for a moment in his adherence to the highest ideals of his profession and his alma mater. It is with the deepest regret and with a sense of genuine loss that we mark his passing.

DR. HARRY E. KELSEY.

STUDENT ACTIVITIES

FIRST PREDENTAL CLASS

The following students were elected to lead the class:

President: HOWARD F. WILDS, Baltimore.

Vice-president: RILEY S. WILLIAMSON, Baltimore.

Secretary: MISS ANNAMARIE FRICKE, Baltimore.

Treasurer: HERMAN SCHERR, Baltimore.

Sergeant-at-Arms: DOUGLAS SANDS, Baltimore.

Historian: NORMAN SOLLOD, Baltimore.

Student Activity Representative: JOHN WIELAND, Baltimore.

SECOND PREDENTAL CLASS

The following were elected officers of the class:

President: STERRETT BEAVEN, Baltimore.

Vice-president: MURRAY STORCH, Passaic, N. J.

Secretary: GILBERT CALDWELL, Overlea, Md.

Treasurer: JEROME COHEN, Baltimore.

Sergeant-at-Arms: DANIEL BERMAN, Baltimore.

Historian: EDWARD McDANIEL, Jarrettsville, Md.

Following the precedent set last year, the Second Predental Class continued its charity project by giving a basket of food to the Family Welfare Association several days before Christmas. G. L. Caldwell and E. C. Hewitt were the committee in charge.

PREDENTAL DANCE

The First Annual Dance of the Predental Classes was held December 5 at Levering Hall, Johns Hopkins Campus. The music was capably furnished by Bob Craig's original nine-piece orchestra.

The dance was ably managed by the committee consisting of S. P. Beaven, D. T. Frey, and M. Storch of the second-

year class; and H. Wilds, R. Williamson, H. Scherr, and I. Kolman of the first year.

FRESHMAN CLASS

The officers are as follows:

President: E. L. PESSAGNO, JR., Baltimore.

Vice-president: B. RANDMAN, Whitestone, N. Y.

Secretary: J. T. BONHAM, Charleston, W. Va.

Treasurer: B. LITCHMAN, Edgewood, R. I.

Historian: J. H. PAGE, Larchmont, N. Y.

Sergeant-at-Arms: B. A. DABROWSKI, Baltimore.

Class Representative: G. A. LOWANDER, Queens Village, N. Y.

SOPHOMORE CLASS

The class elected the following officers to serve during the 1936-7 year:

President: J. H. WOODEN, Baltimore.

Vice-president: N. MYERS, Washington, D. C.

Secretary: J. P. ALLEN, New Martinsville, W. Va.

Treasurer: W. F. MELSON, Wilmington, Del.

Sergeant-at-Arms: L. J. SHAUDIS, New Philadelphia, Pa.

Historian: I. L. MAISLEN, Hartford, Conn.

Student Activity Representative: K. V. RANDOLPH, Lost Creek, W. Va.

The Sophomore Hop was held on February 6, at the Longfellow Hotel. The affair was directed by a committee consisting of G. C. Blevins, Centerville, Md.; L. N. Goldstein, Hartford, Conn.; D. R. Tipton, Baltimore; and D. Wright, Greenville, N. C.

JUNIOR CLASS

The officers for the 1936-7 year are:

President: B. B. BARNES, Maplewood, N. J.

Vice-president: A. L. BORO, Severna Park, Md.

Secretary: F. W. NEAL, Southington, Conn.

Treasurer: D. SALTMAN, Holyoke, Mass.

Sergeant-at-Arms: J. P. BARKER, Laurel, Md.

Historian: W. N. FALK, Branford, Conn.

Student Activity Representative: E. D. LYON, Baltimore.

The annual Junior Prom was held at the Cadoa Hall, January 30, a grand climax to the mid-year exam week. Those on the dance committee were E. D. Lyon, Baltimore; H. J. Carrigan, Jersey City, N. J.; A. B. Eskow, Perth Amboy, N. J.; and R. Finegold, Baltimore.

SENIOR CLASS

The following officers were elected to serve the class during the year:

President: R. E. RICHARDSON, Leaks-ville, N. C.

Vice-president: M. R. COLBY, Long Branch, N. J.

Secretary: C. A. NACRELLI, Marcus Hook, Pa.

Treasurer: H. FRIEDBERG, Atlantic City, N. J.

Sergeant-at-Arms: A. W. ZERDY, New Philadelphia, Pa.

Historian: W. R. CASEY, Pawtucket, R. I.

THE GORGAS ODONTOLOGICAL SOCIETY

The Gorgas Odontological Society is not only an honorary society but a student group interested in the furtherance of dental education.

The Society is pleased to report its activities up to the present time. Thirty-five men were initiated at a dinner held at the Southern Hotel, December 5, 1936. Dr. B. Lucien Brun officiated as toastmaster; the guest speaker was Dr. Hunt-

ington Williams, Commissioner of Health of Baltimore City. Dr. C. Willard Camalier, President-Elect of the American Dental Association, was given honorary membership. Alumni, faculty, and active members and guests totaled 108. A dance followed the banquet.

The November meeting was featured by a unique moving picture of the Johns Hopkins Hospital. This film enabled us to see and appreciate the many activities that take place in a large hospital.

For the February meeting we were fortunate to have Dr. Leo Winter of New York address us on Oral Surgery. Dr. Winter illustrated his lecture with lantern slides and an audience of well over one hundred was held in deepest interest for ninety minutes. It was pleasing to note among the audience numerous prominent practitioners in Baltimore.

As time passes it is evident that Gorgas is occupying a more and more prominent place in the activities of our School. Considering the purpose of the society it is justly proper that it should do so.

The officers for this year are as follows:
President: A. LEPAGE SEIDLER, Towson, Md.

Vice-president: MORRIS R. GARE, Newark, N. J.

Secretary: R. E. RICHARDSON, Leaks-ville, N. C.

Treasurer: ROBERT A. REED, Milford, Del.

Sergeant-at-Arms: JOSEPH Z. SALVATORE, Bristol, Conn.

Historian: GUILFORD LEVITAS, Westwood, N. J.

THE MIRROR

The 1937 *Mirror* marks the first annual publication by the Baltimore College of Dental Surgery to be issued under the student activity fee system installed this year at the Dental School. The annual is published by the student body of the

School. The staff of the 1937 *Mirror* is as follows:

Editor-in-Chief: GORDON PUGH, Baltimore.

Business Manager: JACK MESSNER, Washington, D. C.

Associate Editor: A. LePAGE SEIDLER, Towson, Md.

Associate Editor: RICHARD E. RICHARDSON, Leaksville, N. C.

Assistant Editor: BERNARD BERKOWITZ, Baltimore.

Cartoonist: MELVIN EDWARDS, Belford, N. J.

Cartoonist: STANLEY SILVERMAN, Portsmouth, Va.

THE FRATERNITIES

Professional Greek letter fraternities fill a definite need in our Dental School. They provide for their members a place not only to live but to get together and discuss their mutual problems. Men tend to associate with those they like and the group can thus become a vital force for the good of all. Some of the groups have active alumni associations, and in addition the women's auxiliary societies of the fraternities do much good in assisting the active chapters.

PSI OMEGA, PHI ALPHA CHAPTER

E. RIGGIN, Crisfield, Md., *Grand Master*.
J. MESSNER, Washington, D. C., *Junior Master*.

J. A. FULMER, Fountain Inn, S. C., *Secretary*.

M. R. LEONARD, Chincoteague, Va., *Treasurer*.

E. L. MYERS, Frederick, Md., *Chaplain*.

R. T. GOE, Baltimore, *Chief Inquisitor*.

N. A. GUIDITTA, JR., Westfield, N. J., *Chief Interrogator*.

B. H. REILLY, Central Aquirre, P. R., *Senator*.

D. R. SWINEHART, Baltimore, *Editor*.

G. GREGOIRE, Moosup, Conn., *Historian*.

W. H. RYAN, Frostburg, Md., *Inside Guardian*.

R. J. GAUDREAU, Salesville, R. I., *Outside Guardian*.

Initiates since February 1, 1936

B. B. BARNES, W. R. CASEY, W. N. FALK, O. C. JOYCE, S. G. MARKOS, J. McCracken, L. J. SHAUDIS, W. C. TINSLEY, S. J. WEIGEL, E. V. WILLIAMS, A. W. ZERDY, J. P. BARKER, R. S. DONOFRIO, F. R. KRUG, F. A. LASLEY, JR., L. P. MASSUCCO, V. F. SIDOTI.

Pledgees

E. K. BAKER, JR., R. BLAIS, F. A. BROWN, W. B. FEINDT, A. B. SCHRIEVER, M. S. VARIPATIS, C. C. FARRINGTON, E. D. CRUIT, J. S. HAGGERTY, R. W. HEIL, E. D. LYON, F. P. CAMMARANO, H. J. GEMSKI, C. V. McMILLIN, E. O. WHEELER, C. E. BAILEY, A. W. MORRIS, A. R. CARVALHO.

Social Functions

Halloween Pledge Dance, October 31, 1936; Annual Spring Formal, April 24, 1937.

XI PSI PHI, ETA CHAPTER

Officers

C. BEETHAM, Baltimore, *President*.
A. CAPUTO, Newark, N. J., *Vice-president*.
H. GRIESBACH, Naugatuck, Conn., *Secretary*.
H. HOFFACKER, Hanover, Pa., *Treasurer*.
M. EDWARDS, Belford, N. J., *Fifth Member of Board*.
L. SMYTH, Baltimore, *Editor*.

Social Functions

Pledge Dance, November 7, 1936.

DELTA SIGMA DELTA, XI XI CHAPTER

Officers

DR. H. E. LATCHAM, Baltimore, *Deputy Grand Master*.

DR. W. A. FISCHER, Baltimore, *Assistant Grand Master*.

R. J. EAMICH, Washington, D. C., *Grand Master*.

D. B. JONES, Takoma Park, Md., *Worthy Master*.

E. A. SLAVINSKY, Baltimore, *Senior Page*.

W. G. SIMINGTON, Danville, Pa., *Junior Page*.

R. A. REED, Milford, Del., *Treasurer*.

J. E. RALPH, Keyport, N. J., *Secretary*.

D. WRIGHT, Greenville, N. C., *Tyler*.

J. P. ALLEN, New Martinsville, W. Va., *Historian*

Pledges

E. T. ROGERS, R. C. CAVALLARO, J. M. BOZZUTO, W. F. MELSON, J. J. STEPAN.

ALPHA OMEGA, ZETA MU CHAPTER

Officers

H. FRIEDBERG, Atlantic City, N. J., *Chancellor*.

J. BYER, Trenton, N. J., *Vice-Chancellor*.

L. DUBOFF, Hartford, Conn., *Treasurer*.

D. SALTMAN, Holyoke, Mass., *Scribe*.

C. JONAS, Atlantic City, N. J., *Macer*.

I. WEINER, Hartford, Conn., *Editor*.

I. MAISLEN, Hartford, Conn., *Esquire*.

Prospective Initiates

MARSHAL KADER, Baltimore; SIDNEY LIBERMAN, Baltimore; IRVIN ROITMAN, Trenton, N. J.; LEONARD HIRSCHMAN,

Baltimore; JULES BOOKSTAVAR, Teaneck, N. J.

Social Affairs

House dances every second Saturday. Annual Smoker. Lectures by men at school every second Monday.

SIGMA EPSILON DELTA, EPSILON CHAPTER

Officers

A. ESKOW, Perth Amboy, N. J., *Master*.

O. M. RICH, New Brunswick, N. J., *Chaplain*.

V. JACOBS, Harrison, N. J., *Historian*.

B. WALDMAN, Bridgeport, Conn., *Scribe*.

S. RABINOWITZ, New Britain, Conn., *Treasurer*.

L. L. LEVIN, Norfolk, Va., *Inner Guard*.

H. B. MENDELSON, Norfolk, Va., *Outer Guard*.

Initiates and Pledges

WILLIAM ERLICH, Baltimore; PAUL GILDEN, Baltimore; SIDNEY BELINKOFF, Weehawken, N. J.; JULIUS KASAWICH, Whitestone, N. Y.; BERNARD RANDMAN, Whitestone, N. Y.; SAMUEL GOLDHABER, Flushing, N. Y.; BURTON LITCHMAN, Cranston, R. I.

Social Functions

Smoker, Initiation Dance (February 21), Farewell Dance (May), Halloween Dance, Thanksgiving Affair.

The Journal of the Baltimore College of Dental Surgery, is a non-proprietary dental journal, owned and published by the Faculty, Undergraduate Body and the Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland; and the Grieves Library Foundation of the Maryland State Dental Association.

Purposes of this journal are (1) To create a closer, harmonious relationship between the Alumni, the Faculty and the Students; (2) To keep members of the Alumni Association informed as to the progress of their organization; (3) To afford the means for publication of alumni writings; (4) To present to the Student Body an opportunity for instruction in the preparation and publication of writings; (5) To present reviews and abstracts of recent literature; (6) To present case reports of interest; (7) To familiarize the Alumni with the activities of the Clarence J. Grieves Library.

Policies. The Editor and publishers are not responsible for opinions expressed by authors of contributions appearing in this journal. The Editor reserves the right to reject any contributions which in his opinion are not of the standard desired. Articles must be contributed solely for publication in this journal. Permission to reprint in non-proprietary journals will be granted upon request.

Advertising. Recognizing a responsibility to an advertising section, the Editor will adhere strictly to the principles governing advertising adopted by the American Association of Dental Editors which are as follows: (1) Only such therapeutic remedies or dentifrices as have been approved by the Council on Dental Therapeutics of the American Dental Association shall be advertised.

(2) Advertisements of products not under the jurisdiction of the said Council shall be acceptable only if they meet the requirements of (a) truth in statement, (b) reasonableness in claim and (c) dignity in presentation.

(3) Advertisements shall be confined to the Advertising section, to the inside and outside of back cover. In keeping with this provision, advertisements shall not be distributed on or among the pages devoted to professional affairs.

(4) Complimentary references to advertisers of their products (commonly referred to as "Puffs" or "Boosts") shall be avoided, but it shall not be considered improper to refer to the advertisers as a group.

(5) Only such advertisements shall be acceptable as are frankly presented as advertising. No advertisements shall be acceptable that have the appearance of being scientific articles, editorials, or anything other than advertising, for they would not meet the requirements of honesty and integrity specified.

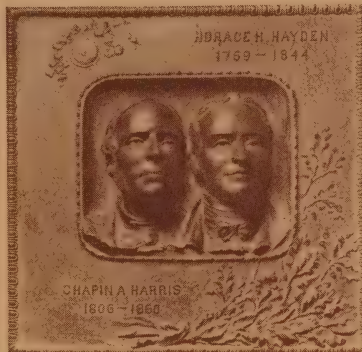
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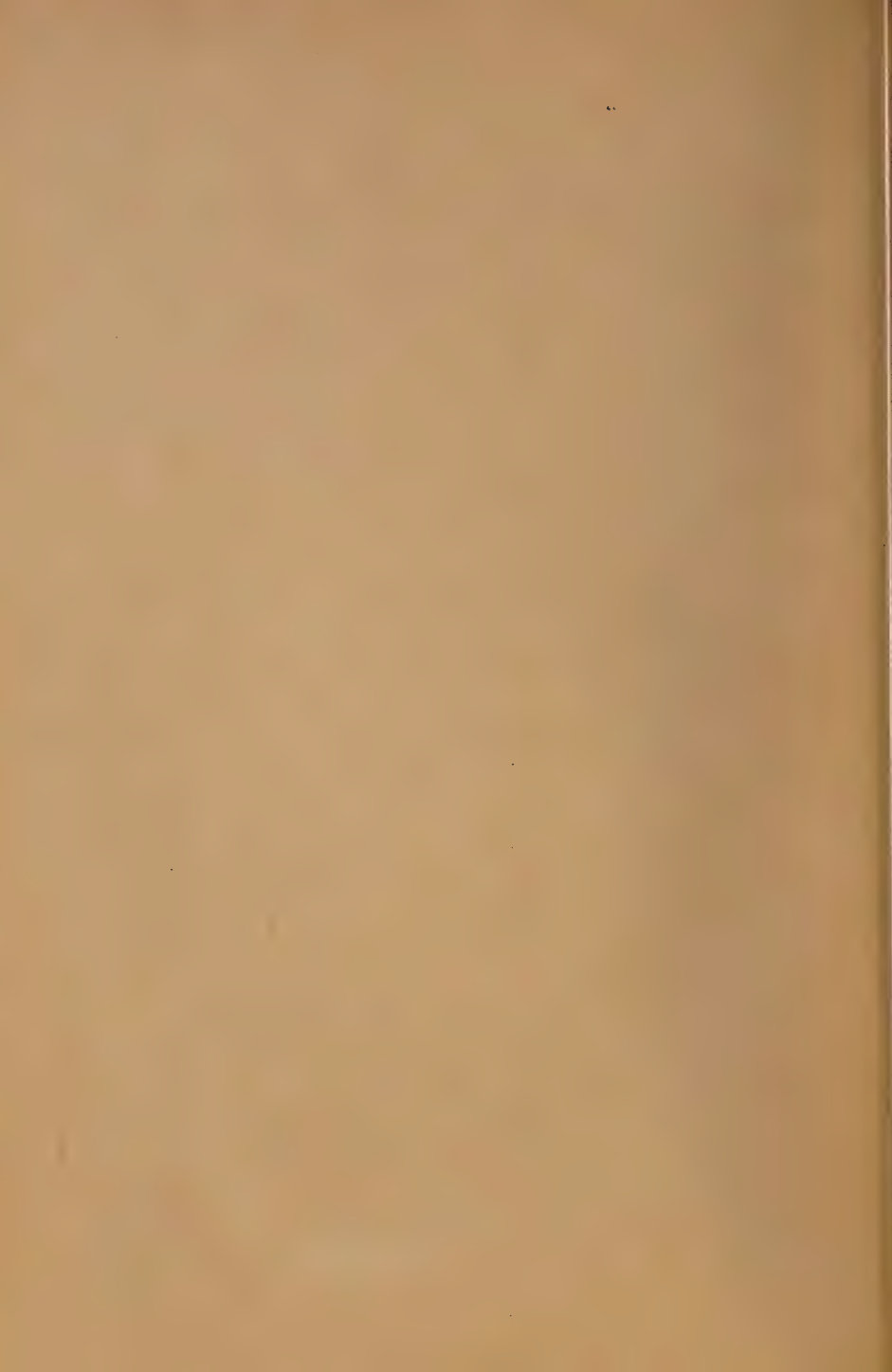
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The Journal *of the* BALTIMORE COLLEGE OF DENTAL SURGERY

DENTAL SCHOOL
UNIVERSITY OF MARYLAND



June, 1937



THE JOURNAL

of the

BALTIMORE COLLEGE OF DENTAL SURGERY

DENTAL SCHOOL

UNIVERSITY OF MARYLAND

VOL. 1

No. 2

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The Journal of the Baltimore College of Dental Surgery, is published *irregularly* by the Faculty, Undergraduate Body and the Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland; and the Grieves Library Foundation of the Maryland State Dental Association.

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The original building of the Baltimore College of Dental Surgery (1840-1850) and the first seal of the College. The building was located at 12 South Sharp Street, now Hopkins Place

EACH Senior student of the Baltimore College of Dental Surgery, Dental School, University of Maryland, is required to write a thesis on some Dental subject and submit it to the Thesis Committee composed of seven members of the Faculty, representing all branches of Dentistry. This committee selects the seven best theses and submits them to a second committee composed of three practicing dentists who are members of the Maryland State Dental Association but not members of the Faculty. This second committee selects the best thesis and a prize is awarded the author at the Senior Class Day Exercises.

THE EFFECT OF CIVILIZATION ON THE MASTICATORY MECHANISM*

HENRY BERTON MCCAULEY, JR., D.D.S.

*Instructor in Clinical Radiodontia, Baltimore College of Dental Surgery, Dental School,
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AS TIME goes on, the profession is becoming more and more conscious of a progressively declining human dentition. Anthropologists are looking at the future with serious alarm, and they have a good reason to do so, for dental caries is modern man's most prevalent scourge. There are also several other reasons for alarm. Some of the facts which are used as evidence of our masticatory destruction besides caries are: (1) The wide incidence of pyorrhea alveolaris, (2) the tendency toward malocclusion and malformed arches, (3) the diminution in the length of the dental arches, and (4) the frequent impaction and often complete absence of certain teeth, especially third molars. All these conditions we recognize as true, but what has civilization to do with their existence?

Because paleontological records show that the tooth form found in man has not always been as we know it, it is reasonable to assume that it was evolved from a more primitive tooth. Many of the lower mammals, and especially the reptiles, exhibit a type of tooth which contains no cusps but is merely a calcified conical growth. Such a tooth may readily be observed in the modern alligator, and is generally maintained by anthropologists to be the type from which was evolved the mammalian tooth and the human tooth form.

There are theories without end to ex-

plain the reasons for this evolution, but of all, these two form the basis of argument on that subject: (1) the mechanical theory—that because of the presence of certain stresses in the mastication or procuring of food the organism responded with a mechanism suitable to the performance of the task; and (2) that the whole process is one of accidental variation and selection. The mechanical theory is the more widely accepted. Those who would discount it condemn it chiefly on two counts.

First, there is an assumption that stimuli of different kinds produce similar results; whereas stimuli of the same kind produce different effects. This assertion is defended by the results of experiments which have proved conclusively that bone irritation will produce either absorption or further deposition, according to the degree of irritation.

Second, that if growth is by stimulus, how can there be a limit to that growth so long as the stimulus exists? This is met by the assertion that the stimulus referred to is a result of a lack of harmony between the organism and its environment, and that growth proceeds only so long as disharmony prevails. When harmony prevails there is only sufficient growth stimulus to maintain the mechanism; and if little or no exertion is necessary, lack of stimulus produces a decline resulting in the degeneracy of disuse. Thus does this, the "kinetogenetic" theory, account for the crippling of our masticatory mechanisms.

* An abridgment of the prize-winning thesis for June 1936.

Turning our attention now to the *how* of the human tooth development from a reptilian form, we find again two major schools of thought: the first maintaining that the mammalian molar type was evolved from the fusion of two or more reptilian teeth, and the second claiming that it was evolved from a single reptilian tooth.

Again we find a great number of hypothetical contentions supporting each idea; but, whatever our belief, the significant point in all the theories concerning the method of mammalian tooth formation is that each recognizes the effect of environment or function in determining the eventual morphology.

Having established theoretically the origin and evolution of the mammalian tooth form, let us determine what is happening to it in the mouths of our phylogenetic cousins, the anthropoid apes. The orang, the chimpanzee, and the gorilla all have teeth and jaws which are harmonious with and highly specialized for their respective food habits and environment. Though all three live in trees and eat mainly a frugiverous diet their tooth forms and positions, the chief variable factors in their dentitions, are different only as they are affected by the kind of fruit eaten and whether the teeth are used for defense. Other factors, such as the presence of impressive canines, the square formed arch and the massive jaws carried well forward, are relatively constant.

Man and the anthropoids have the same dental formula and their tooth forms are definitely akin. However, man differs from the anthropoids in several characters: (1) expansion and deepening of brain case, (2) shortening of the muzzle and symphysis, (3) development of a chin, (4) retraction of anterior, (5) decreased canines, (6) development of overbite (the anthropoid bite is usually edge to edge),

(7) increasing convergence of opposite tooth rows, (8) widening of intercondyloid diameter, (9) retrogressive changes in the masticatory apparatus due to diminished functional importance of teeth as compared with that of the brain.

Nevertheless, only in ourselves can the effect of civilization on the etiology of human dental ills be observed directly. The dentitions of modern races, like those of various anthropoid strains, though quite comparable in form and position, do differ somewhat in many characters according to their respective functions; but in the case of the human, function depends entirely on diet.

Knowing this, it is logical to assume that if civilization as an environment has anything to do with the decline of our masticatory mechanisms, the key to the situation lies in our "civilized" diet. Even if we should consider nutrition as a distinct factor, the answer is still in our diet.

Deductions concerning the Labrador Eskimo as regards nutrition and health amply demonstrate the immediate influence of the civilized diet on dental health. L. M. Waugh, who made an exhaustive study of this people, observes:

"The health of the Eskimo is rugged and his teeth, despite much inbreeding, are excellent while he lives the nomadic life of his ancestors.

"He is best nourished by his native food, consisting of protein and fat exclusively. This, frozen solid for about nine months of the year, is eaten almost entirely raw.

"The Eskimo jaws and teeth continue to be the largest and strongest, and least carious of any known teeth, whenever he subsists strictly on native food.

"In localities where carbohydrate food is available, he eats it in great quantities reducing the intake of protein and fat, and the teeth decay rapidly with consequent

serious alveolar abscesses and grave systemic sequelae.

"Heavy deposits of calculus are present in the mouths of practically every Eskimo after ten or twelve years of age, resulting in periodontal disease ranging from a mild chronic hyperemia to nearly total destruction of the supporting structures of the teeth."

Further, these facts are applicable to any race of people not living in a civilized environment.

Hence, the following conclusions are in order:

1. The vices and luxuries of civilization are definitely a factor in the production of a declining human dentition.

2. The part played by civilization in the retrogression of the human dentition is that of an environmental factor.

3. Therefore the decline of the human dentition may be held as an evolutionary retrogression in which civilization as the environment, calls for dedifferentiation of the entire dental mechanism.

4. This dedifferentiation is a logical sequence to the decreased functional importance of teeth in civilized individuals, the decreased masticatory function being associated with the increased function of the brain and the use of the hands.

5. The prevalence of dental caries is a direct result of civilization through a diet containing an excess of soft carbohydrate foods. Actual production of caries is a sequel to nutritional disturbances, the environment of the individual teeth, and the predisposing conditions occasioned by lack of masticatory stimulation.

6. Pyorrhea alveolaris cannot be said to be a result of the environment of civilization because of wide incidence in primitive peoples. It is probable that because human tissues react slowly to environmental changes, the rapid change in the diet of civilized man has not given the oral tissues time enough to become adapted, with the result that the incidence of caries and of periclasia is greater than in primitive man.

7. The tendency toward malocclusion and malformed arches is at least partly due to lack of function in the formative period, a characteristic of the civilized environment.

8. Diminution in the proportionate size and length of the dental arch is purely a product of phylogenetic evolution, the tendency being traceable progressively through the anthropoids and primitive men to the modern human.

9. Frequent impactions and the absence of third molars, and the occasional absence of lateral incisors, result from a combination of evolutionary, hereditary, and environmental factors. Impactions do not result from the diminution in the length of the dental arch, because this decrease is accompanied with corresponding retrogression in the size of the individual teeth; but they do result from a disturbed bone metabolism presumably due to functional and nutritional factors connected with the civilized diet. Absence of wisdom teeth is probably evolutionary and hereditary.

WHY HOSPITAL TRAINING FOR DENTISTS?

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TODAY dentistry, like its greater and more inclusive sister profession, medicine, has as its primary objective the prevention rather than the cure of human disease. With but slight reasoning it is apparent that only through a complete acquaintance with the habits and characteristics of disease, can we hope to formulate an adequate defense against human maladies. In dentistry we have yet to learn and catalog definitely information concerning the physical aspects of many heretofore considered strictly dental conditions, before we have the wherewithal to practice rather than to talk about prevention. How little we know concerning many of them!

It very naturally follows that the best means of acquainting ourselves with the various human maladies is to place ourselves in a position where we can observe them in all their various stages and types. Under such favorable conditions we have opportunities to amplify and develop to a fine degree the fundamental training received in dental college. What better place is there than a hospital with its associated clinics and dispensaries to observe and familiarize ourselves with the facts to be studied? In such surroundings one has to be dilatory to escape information.

Dental students in all too many cases graduate from school with the enthusiastic ambition to continue with their dentoform catechism and student psychology; rather than with the scientific ambition to correct dental disorders in terms of general health—not just in terms of teeth.

Does the average dentist think of a carious bicuspid in advanced stages of destruction as needing some special therapy such as root canal treatment, or does he consider the patient's health first and then determine the fate of the tooth accordingly? Does he consider the tooth as having an intimate bearing on the patient's future health, or even as contributory to the patient's present physical status? The whole endeavor here is to point out that we as dentists deal in terms of human tissue. We therefore face the same problems and the same general outlook as a physician treating any disease. The end result—the ultimate goal sought in any method of treatment—should be welfare of the patient and the bettering of his health as far as possible. Hospital training has definite assets along these lines of thought for any dentist.

A hospital that is run efficiently is an intricate, systematized unit. Every means possible is employed to give the patient the best diagnostic aids, the least danger from infection, the most vigilant care, and last, but by no means least, the benefit of courteous and well lubricated coördination between the various specialized services such as medical, surgical, orthopedic, etc., that comprise the working unit or staff of the hospital. In recent years dentistry has rightfully taken its place in this organization. Patients frequently have teeth which contribute in varying degrees to other diseased conditions. These teeth are examined in the course of the oral examination and then if necessary sentenced and executed

within the hospital by the dental staff under the coördinate supervision of the other service or services.

How fortunate a dentist is to be able to assist in this work and learn the medical side; to observe the patient and be able to visualize and not merely imagine that the teeth were contributory offenders! The patient's history, physical examination, temperature chart, therapy record, etc., are right at hand for convenient study and reference. Needless to say there is the added advantage of personal contact with the physician in the conduct of the treatment.

In a large institution one becomes used to handling efficiently patients in large numbers, and also one has the valuable opportunity to participate in the examination and possibly assist in the treatment of patients who are definitely sick or patients who merely feel ill. Under these circumstances one can note the end result of properly executed therapy and cast out the fallacy of depending on and not helping out nature. One realizes very soon when he circulates in a hospital and observes and treats sick human beings that the teeth may be contributory to many conditions that are overlooked many times in the dental office.

Needless to say there are automatic personal advantages to be derived from the work a dental staff member is expected to do. He routinely, day after day, extracts many teeth from all types of patients, some ambulant, some bedridden, some with cardiac disease, some with diabetes, with or without other complications. He perfects his technic in instrumentation, learns the proper use of many instruments he may not have had the need of or the opportunity to use in the course of his school years. He learns in the operating room the principles of maintaining surgical cleanliness and sterility, for in hospitals regard for such

principles is paramount and neglect of the same is not tolerated. He learns to diagnose and recognize reasons for his earlier mistakes and failures. He has the very important advantage of following up his cases at close range. He has the opportunity to absorb much valuable information and knowledge from those who are better informed. There are numerous other advantages, the complete elaboration of which the briefness of this discourse does not permit.

One cannot discuss this subject without pausing briefly to condemn the attitude of some individuals within and outside our profession concerning the merit of hospital dentistry. The essence of the objections raised by such individuals is largely of jealous derivation or is predicated upon purely economic malreasoning. The object of such training is not, as these men perhaps believe or might assume from the material presented herein, to make physicians out of dentists; but rather to teach and emphasize that many diseases have a distinct and direct intimate relationship to dentistry and oral problems. The increasing trend of thought today in medico-dental circles is to emphasize the importance of early diagnosis. An early recognition of any disease whether it be dental caries or some markedly more serious condition such as carcinoma, is the first essential to primary and successful treatment. Once we recognize a pathologic process we can institute proper corrective therapeutics but we must see and act early to be successful in treating any condition. Therefore we must recognize and accept the fact that neither dentist nor physician is qualified to treat disease wholly from a selfish professional viewpoint. A thorough knowledge and an effective coördination are absolutely essential among, as well as between, dentists and physicians.

It is not my intention to suggest pos-

sible solutions to any of the difficulties concerned in bringing about the proper degree of coöperation. The solution to this problem among older members of both professions lies largely with the individuals themselves. The one thought paramount to both physician and dentist should be the welfare of the patient, and the means necessary to accomplish this varies in its evolution with each case. What I would like to emphasize chiefly is that from an educational standpoint we must make the necessary information and training readily available to dental undergraduates. Too much time cannot be devoted to this phase of dental education without robbing the student of valuable training in other phases of dental study which are of grave importance in his making a living once he starts practice.

The above fact does not constitute an excuse for sidetracking the issue. We

must make it possible for graduates to obtain this training in greater numbers. We must urge the need for and emphasize the value of hospital training for a better understanding of human ills. When we secure adequate recognition of the value of dental coöperation in fighting all types of disease, we have set up another milestone in the history of the dental profession. The dental profession has grave need of men properly qualified and unbiased in mind as to the relative merits of the various branches or phases of dentistry. There is an especially distinctive niche in the dental hall of fame and success for all men who treat patients and not just teeth. In conclusion—hospitals have their doors open in welcome for you and the service you can render them; they need you and your willing coöperation; but lest it be forgotten, you need the help they can offer you just as much and more.

DR. WILLIAM J. GIES TESTIMONIAL DINNER

ATLANTIC CITY, JULY 11, 1937

The American Dental Association, all state and local organizations, the National Association of Dental Examiners, the American Association of Dental Schools, the Dental Section of the American Association for the Advancement of Science, the International Association for Dental Research, the American Association of Dental Editors, the Canadian Dental Association, Omicron Kappa Upsilon, dental honorary fraternity, and many others, have been invited to join the American College of Dentists at its annual convocation on Sunday evening, July 11, at Atlantic City, in tendering a testimonial dinner to Dr. William J. Gies, in recognition of his many and notable contributions to the advancement of dentistry. No man who is not a member of the profession has ever achieved so much for dentistry. No one not a member of the profession has given so unselfishly and so effectively toward our educational, our scientific and our journalistic advancement during our entire experience as a profession.

The price of the dinner is \$3.00, dress informal, and the ladies are invited. Communicate with Dr. Walter Oggesen, St. Paul and 23rd Streets, Baltimore, Maryland, or Dr. Otto W. Brandhorst, 223-225 Lister Building, St. Louis, Missouri, for further information.

AN INTRODUCTION TO THE DENTAL MUSEUM

VERDA E. JAMES, '39

THE recent observance of the 130th anniversary of the founding of the University of Maryland brought to our attention something in our own midst of which we should be proud. Our own part of the University of Maryland, the Dental School, has the largest and most important museum of its kind, containing material from both the first dental college of the world and the University Dental School.

At this time the Dental School of the University of Maryland is known as "The Baltimore College of Dental Surgery, Dental School, University of Maryland." This lengthy naming of the school was due to the merging of the Baltimore College of Dental Surgery, the first dental school in the world, with the Dental School of the University of Maryland in 1923. As early as 1821 Dr. Horace A. Hayden gave a lecture on dentistry in the School of Medicine of the University of Maryland, but because of some dissension a permanent program could not be decided upon. As a result Dr. Hayden, with the help of Dr. C. A. Harris, founded an independent college of dentistry in 1840 and called it "The Baltimore College of Dental Surgery." Not until 1882 did the University of Maryland organize its own dental school.

It is only natural that Dr. Hayden and Dr. Harris should go down in history because of their foresight and determination to pioneer in such an important field of science. To them we owe the establishment of the degree of Doctor of Dental Surgery. This degree was first conferred on their original graduates in 1841, Robert Arthur and R. C. Mackall. After

this many honorary degrees were conferred on contemporary dentists and on those who could successfully submit to examination, write a thesis, show specimens of mechanical work, and show operative skill on a patient. In 1846 they established the first Dental infirmary. These two men were truly pioneers in that they also were the establishers of the first Dental Journal and the organizers of the first Dental Association. We certainly owe our highest praises to Dr. Hayden and Dr. Harris for the incentive that has finally elevated our profession to its true level.

The museum does its part in giving one an appreciative attitude toward the founders of this profession. It could well be called "The Sanctuary of Dentistry" since the specimens show the efforts of its beginnings and the gradual progress made up to the present scientific heights. Besides technical and operative items there are displayed articles appealing to popular interests.

On entering the museum one is overwhelmed at the wealth of material arranged in one place alone. The room is lined on all sides with cases of the smaller specimens. Separate sections are devoted to prosthetic cases, and to bridge-work. The oldest dated bridgework found here is one made in 1888, and the oldest dated plate is a full upper and lower set carved from bone. It was made in 1787 in London by Dr. Woofendale, a famous English dentist. Many of these old sets were made for the attachment of springs connecting the two plates on each side. There are also some metal plates made by Chapin A. Harris in gold and

silver. A very delicate and pretty denture is a very old all porcelain one, perfect in all details. Of popular historical interest is a full upper and lower set of gum teeth worn by the Queen of Westphalia. To show the progressive changes in this field there is displayed prize work of University of Maryland students made as long ago as 1876.

In the Comparative Dental Anatomy section there are several skulls of both large and small animals, as well as those of reptiles, turtles and such. There are many teeth of the various small animals in this display contrasted with the large, prized collection of fossilized teeth. Several human skulls and bones of the human head are shown so as to compare the development on up from the lowest of the vertebrates. Just studying the extensive collection of abnormal human teeth found here would give one the credit for a broad education along that line. Here you will see a tooth extracted from George IV of England by Dr. Woofendale. There is also one extracted from Amedo I, King of Spain, by Dr. Gardner in 1872.

Of course, some of the old teaching models seem today quite crude, but one is of especial interest because it was made by Chapin Harris showing the position and arrangement of the tooth buds. Naturally everyone has wondered at some time or other concerning the extreme variation in sizes of the human mouth. Plaster models may be seen here of the smallest mouth, that of Mrs. Tom Thumb, and the largest mouth, that of General Winfield Scott. Talking of models, if you've ever visually wondered what were the conditions of the first dental college, the model of the original home of the Baltimore College of Dental Surgery, which was located at 13 S. Sharp St., Baltimore, Md., displayed in here would satisfy you. An amusing idea, too, is that the first dental students responded to the ringing

of the very same old school bell shown with this model. Among some of the oldest instruments that were donated from the Baltimore College of Dental Surgery is one rotary drill. It is the oldest of such a type in known existence.

Several different expeditions yielded some products of interest. Among these were some extraction instruments that were taken from the Spanish ship *Reina Mercedes*, which was sunk in the Spanish-American war off the coast of Chile. They are quite rusty and worn but not so ancient in style. Then from a mound about ten miles from Lexington, Va., there were recovered some very good specimens of Indian heads. Along with this variety of antiques are some petrified bones and elephants' teeth dug from the earth in the Ozark Valley, Mo. Not recovered from an expedition, but antique, are the death masks of many notable personages. Among them are those of Benjamin Franklin, George III of England, Wordsworth, and Sir Isaac Newton, as well as others. These masks were presented by R. B. Winder, an ex-dean of the dental school.

An old cabinet owned and used by Dr. Arthur resides in the library and has the distinction of being the first professional dental cabinet. Dr. Arthur, you remember, was one of the two original dental school graduates. The school also owns the old instrument cabinet of Dr. Chapin A. Harris, along with the instruments used by him. Dr. Hayden's license to practice dentistry hangs in the Dean's office.

Everyone has heard stories concerning George Washington's toothless condition in his later years, and it is possible now to view the same false teeth he used to remedy this condition. The set is a full upper and lower one made by John Greenwood and repaired by him in 1798. These teeth were presented by Dr. John

Allen, who obtained them from a grandson of Dr. Greenwood. A letter sent to Washington by Dr. Greenwood on the completion of the 1798 repair is now in the custody of the school. The following is a copy of that letter.

New York, Dec. 28, 1798

"Sir:

I send you inclosed two setts of teeth, one fixed on the old barrs in part, and the sett you sent me from Philadelphia which when I received, was very black, occasioned either by your soaking them in port wine, or by your drinking it. Port wine being sower, takes off all the polish and All Acids have a tendency to soften every kind of teeth and bone. Acid is used in coloring every kind of Ivory, therefore it is very pernicious to the teeth. I advice you to either take them out after dinner and put them in clean water and put in another sett, or clean them with a brush and some chalk, scraped fine. It will absorb the acid which collects from the mouth and preserve them longer. I have found another and better way of using the sealing wax, when hole is eaten in the teeth by acid, etc.—first observe and dry the teeth, then take a piece of Wax and cut it into as small pieces as you think will fill up the hole, then take a large nail or any other piece of Iron and heat it hot into the fier, then put your piece of wax into the hole and melt it by means of introducing the point of the nail to it. I have tried it and found it to consolidate and do better than the other way and if done proper it will resist the saliva. It will be

handyer for you to take hold of the nail with small plyers than with a tongs thus. The wax must be very small not bigger than this (*). If your teeth grows black, take some chalk and a Pine or Cedar stick. It will rub it off. If you want your teeth more yellower soake them in Broath or pot liquer, but not in tea or Acid. Porter is a good thing to coulor them and will not hurt but preserve them but it must not be in the least pricked. You will find I have altered the upper teeth you sent me from Philadelphia leaveing the enamel on the teeth don't preserve them any longer than if it was off. It onely holds the color better. But to preserve them they must be very often changed and cleaned for whatever atacks them must be repelled as often or it will gain ground and destroy the works. The two setts I repaired is done on a different plan than when they are done when made entirely new, for the teeth are screwed on the barrs insted of haveing the barrs fast red hot on them, which is the reason I believe they destroy or desolve so soone near to the barrs.

"Sir, After hoping you will not be obliged to be troubled very sune in the same way,

I Subscribe myself,
Your very humble Servant,

John Greenwood.

The additional charge is fiveteen dollars.

P.S. I Expect next Spring to move my family into Connecticut State. If I do, I will rite and let you know, and wether I give up my present business or not. I will as long as I live, do any thing in this way for you or in any other way in my power, if you require it.

THE NATIONAL ALUMNI ASSOCIATION

The National Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland is expecting a large attendance at the meeting of the American Dental Association to be held in Atlantic City on July 12-16. There will be a room for the alumni to use as their headquarters at the Traymore Hotel during the meeting. The Alumni Association will hold a dinner on July 13 at 6:30 P.M. at the Traymore.

THE CLARENCE J. GRIEVES LIBRARY FOUNDATION

The Foundation was established in 1925, by the Maryland State Dental Association, as a memorial to Dr. Clarence J. Grievess, of Baltimore, and has been continuously housed in the Baltimore College of Dental Surgery, Dental School, University of Maryland. The Trustees were very much gratified at the response to their invitation to the first annual lecture. The members of the dental and medical professions in Baltimore remember Dr. Grievess for his splendid contributions to dental literature and honored him by their presence on this occasion. He frequently wrote upon subjects of mutual interest to the dentist and the physician, and the trustees thought it fitting that the first lecture should have such a bearing since it is our desire to build the usefulness of the Grievess Library upon the broadest possible foundation.

FACIAL GROWTH AND PHARYNGEAL HEALTH

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ONE of the most significant features of contemporary study in the medical and dental sciences is the breakdown of specialization. Not only do the subdivisions within these two groupings of applied science lose their delimitation but the distinction between what belongs to medicine and what to dentistry has worn thin so that the efficient practitioner of either finds himself compelled to range beyond the confines of his specialty thereby raising for himself problems in professional ethics, or handicapping himself in the promotion of his patients' welfare. While it is true that technical procedures which distinguish different lines of professional treatment require the enlistment of assistance from specialists in other fields, each of us must, for the proper management of his patients, be increasingly aware of those factors outside our field of study or operation which may influence the effectiveness of our treatment.

This conclusion has been brought home to me very forcibly in our study in Cleve-

land on the growth of children, a study which we have called the Developmental Health Inquiry. This study is organized solely as a long-term investigation of the course of growth in children under the care of our clinical colleagues. It carries no implication of therapeutics but merely presents to the attending physician a record and a report on the progress of growth, maturation and constitutional fitness of the child. The records are open to all those who, like the allergist and orthodontist, may be called in from time to time to deal with particular phases of the child's welfare; and they serve as a background upon which each may more effectively base his management by giving him precise and detailed information concerning the child's medical and dental history.

It is unfortunately true that children are brought to us today only when their disabilities are physically detectable, and we are compelled to be content with such partial physical compensation as may still be possible in the trail of established dis-

order. We all know that such defect is but the end result in a tragedy which has been slowly, insidiously and persistently unfolding itself in unheeded symptoms of unregistered ill-health. The unraveling of these tragedies before they advance to the stage of openly expressed misfortune is the aim of the Inquiry. We attempt to bring into the open influences which would warp or twist the physical or mental destiny of the child before they result in a defect which none can hope to master or avoid.

Ranging themselves with other generous donors who have made the Inquiry possible, Mr. Charles Bingham Bolton and his mother, Mrs. Chester C. Bolton, set up the Bolton Study which took over the study of facial growth under the special directorship of my colleague, Dr. B. Holly Broadbent, to whom I am indebted for the privilege of studying the medical aspects of this particularly orthodontic theme.

Into the technical methods of the Bolton Study which have been developed with surpassing skill and exactitude by Dr. Broadbent I do not propose to enter (1). It will be enough to mention the guiding principle of his procedure, namely, the provision of a mechanical device whereby the child's head can be firmly held in such a position that roentgenograms may be taken at intervals of time and superposed upon each other to facilitate the determination of facial growth. These roentgenograms, processed so that the soft tissues are clearly visible, give us a wealth of information about the nasal and pharyngeal areas also and enable us to recognize changes occurring in these parts of the face equally with the changes expressing themselves in the jaws. It is to the unheeded, unaccepted evidences of trifling disorders in face, nose and pharynx that I wish to draw attention.

Having been engaged for seven years in this study carried out on children of coöperative parents whose economic security ensures regularity of periodic examination we are now able to present sequences in developmental growth evident in each child from birth to seven years. Further, the inclusion of older siblings in our study has now provided an overlap inasmuch as the children originally enrolled at their birth are today older than their brothers and sisters were when these were enlisted as siblings of our new-born babies. Finding through constitutional health history that the tendencies toward disabilities and growth sequences of the younger children in a family reproduce, with minor and accidental differences, those of the older children, we have been enabled to trace constitutional disabilities and growth deficiencies backward from the stage when these are plainly expressed as well-established disorders to the earliest indication of their presence or their commencement. The aim of succeeding pages is, then, to illustrate so far as we can sequences in facial growth with their inevitable effect in alignment of teeth and their indubitable relationship to the contemporary constitutional health of the child.

Let us start with a survey made years ago in the laboratory on the facial growth of infants and young children, a survey which at first filled us with dismay. We took the skulls of dead children of both White and Negro stock and made careful orthodiagraphic tracings of the sagittal profile of each, noting in particular the exact position of the occlusal edge of the upper central incisor. Superposition of these tracings showed a wide divergence in facial growth whereby the position of the incisor was often no farther advanced at a year than it should be at three months. Clearly our dead children presented great discrepancies in rate of facial

growth in both vertical and forward directions. A study of the clinical histories of these children forced on us the dismal conclusion that we were actually recording in our tracings, not individual chance differences in facial growth, but the mutilations of facial growth resulting from the disorders of health to which these unfortunate had ultimately succumbed (5). This exploration was followed by an experimental study on sheep (6) by which we confirmed our conviction that the face, which undergoes so rapid a growth in infancy, is peculiarly susceptible to growth disturbance. We also learned that by compensatory growth in later years the extent of mutilation effected in infancy may indeed be modified, but also that growth must always thereafter be disharmonic. We began to have the uncomfortable suspicion that the faces of our friends and patients, despite the beneficent influence of heredity, bear throughout life the scars of duels like the faces of the old-time German students. But these duels of which we speak are encounters with that most insidious and relentless of foes, namely, long continued ill-health.

With this vivid realization of the effect of ill-health upon the very structure of the face we began to accumulate records of facial growth in children, choosing as our examples, not those handicapped by demonstrable disease, poverty or squalor, but apparently healthy children of well-circumstanced families, those who, should occasion demand, would be presented to the orthodontist for correction of malocclusion or for realignment of teeth. We chose these without any premonition of what we should find, thinking that they would illustrate for us the correct growth of face in childhood.

Seven years ago the Bolton Study was commenced and by the inclusion of entire families we have, by now, indeed been

enabled to piece together the successive stages by which the face grows. And, alas, we have also uncovered the stages by which the cumulative effect of unrecognized minor disorders progressively modifies the course of facial growth.

These studies demonstrate the manner in which adult facial features are fashioned. There may be interference in vertical, forward or transverse facial growth in varying degree according to the intensity of interference or the date in childhood at which interference occurs. Vertical growth is most affected in infancy, forward growth in the preschool period, transverse growth in both. But all types of defect are well-established by the time the child goes to school and, though the deformity may be enhanced in the school years, the problem of the orthodontist is already defined by the time the child has reached the age of six.

With this in mind we turn to the early history of facial growth and find that the child of good health history presents, on superposition of sagittal profiles from roentgenograms taken at frequent intervals, a downward and forward growth movement of the upper incisor tip uninterrupted and undeviating in its steady progress. In the child of impoverished constitution, even though there be no overt symptoms of established disease, this regular progress does not take place: the incisor tip, registering facial growth, fails to move downward or forward in correct degree and, it may be, deviates to one or other side of the median plane.

Later in childhood this early failure in facial growth may be partially compensated by increased growth activity or it may be accentuated. We do not yet know why vertical growth is deficient in one child or why forward growth is deficient in another. The result of the former condition is relative shortness in upper facial height with an upturned

anterior part of hard palate and nasal spine in sagittal profile with open bite. The result of the latter is less easily defined but there is a flatness of face with a tendency to overshot mandible and the development of a Class III malocclusion. In both there is a small upper dental arch with overcrowding of teeth and often inadequacy of alveolar bone development so that orthodontic correction is hampered. The narrow, inadequate subnasal alveolar development can be felt easily and it is this more than anything else which determines the deep furrows ploughing their way downwards and laterally from the nasal alae in the face of the adult.

Apart from the actual physical defect in growth of jaws and in dental occlusion with which he seeks to cope, the orthodontist desires above all some basis on which he may predict the probable ultimate result of his management. If there are influences at work in the child's constitution which will destroy the permanence of his correction, he would naturally like to explain these to the parents before undertaking the work. Established disorder will, of course, be reported by the medical colleague to whom the child is referred for a general examination. But the orthodontist himself has no check upon the appropriateness for his purpose of that general examination. There are, however, quite definite indicators of these malevolent influences which the orthodontist can demonstrate and evaluate for himself. These are chronic nasal obstruction, chronic maxillary sinusitis, pharyngeal congestion, oedema or thickening, scorings on limb bones and inadequacy of mineralization in the skeleton. All of these conditions can be clearly observed on appropriate roentgenograms of head and hands.

Objectionable mouth habits, thumb-sucking, blanket-chewing and the like, are

frequently the result of nasal obstruction in early life produced by congestion of turbinates with consequent blocking of nasal passages. The congestion results from sensitivity to air-borne substances, particularly house dust or cotton linters, enhanced frequently by food sensitivities. Positive allergic skin reactions may or may not be present, but the antero-posterior roentgenogram of the head will demonstrate at once the presence and the degree of the nasal obstruction. It is always present in children who have a history of nose-picking or of putting foreign bodies in the nose. Inadequate nasal growth is characteristic of these children who frequently show the condition known to orthodontists by the curious but expressive phrase "apical base." Unrelieved nasal obstruction will inevitably nullify the efforts of the orthodontist.

Cloudy maxillary antra, in the absence of definite sinus disease, are evidence of respiratory allergy. The regular clinical roentgenographic technique frequently fails to show this cloudiness which is readily seen on soft tissue antero-posterior roentgenograms taken by the Bolton technique. It is rarely found in children apart from nasal obstruction due to turbinate congestion which must therefore be regarded as part of a general constitutional disturbance. The clinical symptoms are sneezing, stuffy nose and nasal discharge, especially on rising in the morning, aggravated by the season of the year according to the particular allergens to which the child is sensitive. It must be remembered that food sensitivities, even though subclinical in degree, make the condition worse. For a recent survey of the objective findings and frequency of maxillary sinusitis in children, Crooks' article should be consulted (2).

The frequency of adenoid enlargement as a result of maxillary sinusitis in child-

hood has been emphasized by Crooks (2) and the adenoid area as the lymphatic drainage system of the sinuses has been demonstrated by Ivor Griffiths (3). Enlarged adenoids, especially of the oedematous and recurrent type, are almost pathognomonic of sinus involvement. Even children whose nasal breathing is relieved by adenoidectomy are frequently victims of nasal allergy.

Assuming, however, that the adenoid has been removed or has shrunk sufficiently to permit a clear view of the lateral pharyngeal wall on the lateral roentgenogram taken by the Bolton technique, the pharyngeal tissues may be so dense that it is impossible to identify the lateral recess, the torus tubarius or the auditory tube. If this is so, and if it continues to be so on successive roentgenograms taken at different seasons of the year, we may be certain that the child is liable to deficiencies in facial growth connected with this subclinical manifestation of pharyngeal ill-health, whether or not repeated occlusion of the auditory tube gives rise to partial deafness or otitis media.

For information on nasal and pharyngeal health or disturbance the orthodontist has but to examine attentively the roentgenograms made in his own office. For treatment of the condition he will call in the services of a colleague skilled in the alleviation of such disorders; but, if the condition be subclinical in type giving no distressingly overt symptoms, he may have to convince his colleague of the validity of his observations before he can enlist effective aid in controlling the menace to the efficacy of his own orthodontic management.

Having dealt briefly with local evidence of health disturbance which, though it never obtrude itself upon the consciousness of the family or of the attendant physician, is nevertheless a menace to correct facial growth in childhood, we

turn to objective evidence of inadequacy of health expressed in the general constitution. The first of these objective findings is a multiplicity of fine lines like the markings of watered silk near the growing ends of long bone shafts. These scorings must be distinguished from the single frank transverse lines or scars emphasized by Park (4) and resulting from definite disease, like measles, influenza or pneumonia; from local trauma such as fracture in that limb; or from surgical interference requiring anesthesia.

Scorings are most frequently found on lower tibia, but the orthodontist who makes a roentgenogram of the hand for information on the degree of mineralization in the skeleton, will find them on the lower radius. Frequently these scorings are associated with minor evidences of disturbance at the growing end of the shaft, but these evidences are difficult to evaluate and need further exposition before including them in a practical battery of objective ratings on constitutional fitness. Scorings on the radius imply a lowered resistance to infection but more especially to assaults by way of the alimentary tract. Their persistence over years, especially during the period of childhood when correction in alignment of teeth is being attempted, means that this treatment is being menaced by poor management of the physical constitution. Quite often when the orthodontist finds cause to complain that his management of the child is not being backed up by parental coöperation he means, in effect, that the child is being permitted to suffer from a subclinical handicap of alimentary origin, the persistence of which is made manifest in these scorings.

The roentgenographic shadow of a bone should show a dense well-defined compacta with a spongiosa in which the trabeculae, especially at the metaphysis near

the growing end, are partially obscured by a gray film of labile mineral forming the store from which the blood mineral is replenished. When the demands for mineral are great in consequence of rapid growth, as in infancy and pre-adolescence, this labile store may be temporarily diminished, resulting in a clearer tracery of trabeculae. Children of impoverished constitution, whether from prolonged toxemia, protracted ill-health or inability to utilize mineral, show a more pronounced reduction of the labile mineral with encroachments even on the trabeculae themselves, which become thinner or fragmented. The mere feeding of mineral by mouth to these children, or even the intravenous administration of mineral, may not produce any replenishment of the labile mineral in the spongiosa. Such children are the despair of the orthodontist who must rely upon the metabolic integrity of the osseous tissue in the jaws to second his efforts at realignment of teeth.

When poor mineralization is present in the bones of the hand one may properly suspect it also in the jaws. It means that the process of remodelling of the bony alveolus, relied upon by the orthodontist for establishment of permanence in the new positions into which he has brought the teeth, is ineffective. As soon as the orthodontic appliance is removed the teeth will revert to their original position or, worse still, will be unstable in alignment and assume new positions of malocclusion.

Now in presenting these results of our study for consideration I have dwelt upon the menace to orthodontic management resulting from constitutional disorder. But I have given no indication of how this disorder may be corrected. The reason for this defect in my presentation is obvi-

ous. We have been trained clinically in the cure or correction of established disease, the end-result of those minor unheeded symptoms of unregistered ill-health to which I have called attention. But we have yet to develop a method of warding off the disturbance to the constitution while it is still in the incipient phase. It is the dentist who is likely to discern the warnings before their significance has obtruded itself on the attention of parents or physician. It is therefore upon the dentist's skill in observation and interpretation that we must rely for insistence that these signs be heeded while there is still time to correct them. If he will recognize his responsibility we may hope for the opening up of a new field of medical treatment which will transform the life of a constitutionally menaced child from dull existence to that vivid reality which is the birthright of all children.

REFERENCES

- (1) BROADBENT, B. H.: "A New X-Ray Technique and Its Application to Orthodontia." *Angle Orthodontist*, 1: 45-66, 1931.
- (2) CROOKS, JAMES: "Accessory Nasal Sinusitis in Childhood." *Arch. Dis. Childhood*, 11: 281-306, 1936.
- (3) GRIFFITHS, IVOR: "The Lymphatic Drainage of the Nasal Sinuses." *Report of the Conservator, Royal College of Surgeons, London*, 1936, 32.
- (4) PARK, E. A., AND HOWLAND, J.: "The Radiographic Evidence of the Influence of Cod-liver Oil in Rickets." *Bull. Johns Hopkins Hosp.*, 32: 341-4, 1921.
- (5) TODD, T. W.: "Hereditary and Environmental Factors in Facial Development." *Internat. J. Orthodont.*, 18: 799-808, 1932.
- (6) TODD, T. W., AND WHARTON, R. E.: "Later Postnatal Skull Growth in the Sheep." *Am. J. Anat.*, 55: 79-95, 1934.
- TODD AND WHARTON: "The Effect of Thyroid Deficiency upon Skull Growth in the Sheep." *Am. J. Anat.*, 55: 97-116, 1934.

SPECIAL ANNOUNCEMENT

THE NATIONAL ALUMNI ASSOCIATION OF THE
BALTIMORE COLLEGE OF DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

will hold a reunion dinner at the Traymore Hotel, Atlantic City, on Tuesday evening, July 13, 1937, at 6.30 o'clock. Graduating classes of the school desiring reservations are requested to communicate with the Chairman of the Committee. During the meeting of the American Dental Association, July 12 to 16 inclusive, headquarters of the Alumni Association will be in the Traymore.

Howard VanNatta
Harry E. Kelsey
Harry B. McCarthy
Myron S. Aisenberg, *Chairman*

ALUMNI NEWS

JUNE WEEK

THE Committee on Arrangements for the Annual Clinics to be offered by the Baltimore College of Dental Surgery, Dental School, University of Maryland during the Commencement week, is happy to announce that its plans are complete and that a fine group of clinics will be presented. These are being provided especially for the benefit of those attending the homecoming and the class reunions planned for Commencement week. Arrangements have been completed also for the Senior Class Day Contests and the Class Day Exercises. Arrangements are well under way for class reunions. Everything is working toward a very fine program and the Committee in charge anticipates an unusually large enrollment for the clinics and other features. As in the past, arrangements are being made to entertain the visiting ladies. All alumni are cordially invited to return to the College for the Commencement week.

B. S. WELLS, *Chairman.*

CLASS REUNIONS

The classes of 1897, 1902, 1907, 1912, 1917, 1922, 1927 and 1932 will hold reunions in conjunction with the Annual Banquet of The National Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland, on Friday evening, June 4, at 7 o'clock, the Lord Baltimore Hotel, Baltimore, unless otherwise noted. All members desiring information communicate with Dr. B. Sargent Wells, Medical Arts Building, Baltimore, except where the individual class representatives are given below.

Class of 1907

The Centennial Class of 1907 will hold its reunion at the Annual Alumni Banquet on Friday, June 4, 1937. Advise your class representative, Dr. G. E. P. Truitt, Medical Arts Building, Baltimore, whether you will attend.

Class of 1917

Communicate with your representative, Dr. Leo A. Walzak, 1019 St. Paul Street, Baltimore, or Dr. J. Fred Emerson, 829 Park Avenue, Baltimore.

Class of 1922

Communicate with your representative, Dr. C. Adam Bock, 806 Cathedral Street, Baltimore.

Class of 1927

The class of 1927 will hold their reunion at the Lord Baltimore Hotel, Baltimore, on Thursday evening, June 3, at 7:30 o'clock. Response to date indicates a very large attendance. Communicate with your representative, Dr. Brice M. Dorsey, 403 E. Gittings Avenue, Baltimore.

THE WILLIAM G. FOSTER PORTRAIT

The artist, Mr. S. Burtis Baker of Washington, is at work. Plans for the presentation of the portrait during the Alumni Dinner in June are being made and the graduates of all the schools now merged in the Baltimore College of Dental Surgery, Dental School, University of Maryland have cheered the Committee by their response to the request for subscriptions to defray the necessary expense incident to this very pleasant occasion. No doubt there are friends of Dr. Foster and former students of all the schools who

for some reason beyond the control of the Committee have not heard of the plan to have Dr. Foster's portrait placed upon the walls of our Alma Mater. To those men and others who have simply neglected to send in their subscriptions we extend this invitation to aid in making the affair a great success. Dr. Howard Van Natta, Treasurer, Medical Arts Bldg., Baltimore will acknowledge receipt of your check and the Committee will be sincerely appreciative of your interest.

The Committee for Honoring Dr. William G. Foster,

GEORGE M. ANDERSON, *Chairman.*

THE AMERICAN DENTAL ASSOCIATION

The American Dental Association will meet on July 12, 13, 14, 15 and 16, at Atlantic City, New Jersey. The Baltimore City Dental Society will be represented by Doctors H. E. Latcham, Harold Goldstein, Harry B. McCarthy, L. W. Fetter, Richard C. Leonard, William E. Hahn, Edward C. Dobbs, Nathan B. Scherr, Hugh T. Hicks, G. W. Gaver and E. B. Nuttall.

THE MARYLAND STATE DENTAL ASSOCIATION

The Maryland State Dental Association holds two regular meetings each year. The Semi-Annual Meeting is held outside of Baltimore, with one of the Component Societies acting as host. The Annual Meeting is held in Baltimore, beginning the first Monday in May each year.

The outstanding activity of the Association this year was the work of the Legislative Committee. Backed by organized dentistry and the ethical dentists of the State this Committee successfully drafted an amended dental bill which was passed by the Legislature, and I predict by the time this goes to the press it will have had the signature of Governor Nice which will make the bill a law.

By the time this is published new officers, elected at the Annual Meeting, will have been installed for the ensuing year. The present officers wish for them a very successful year.

A. Y. RUSSELL, *President.*

The fifty-fourth annual meeting of the Maryland State Dental Association was held on May 3, 4 and 5, in Baltimore, at the Emerson Hotel.

The first two days were devoted to the reading and discussion of scientific papers. On the third day table clinics and scientific demonstrations were given.

Baltimore participants were: Doctors Jesse Myers, Albert J. Nathanson, Elmer E. Hackman, Max K. Baklor, Harry E. Kelsey, Carl H. Oertel, Ernest H. Hinrichs, Noel Smith, E. K. Myers, Hinton Schackelford, E. B. Nuttall, L. W. Fetter, W. Buckey Clemson, Harry E. Latcham, Harry B. McCarthy, Harold Goldstein, M. J. Andrews, Edward C. Dobbs, Nathan B. Scherr, Hugh T. Hicks, Kyrle W. Preis, Daniel E. Shehan, Meyer Eggatz, G. W. Gaver, Orville C. Hurst, Brice M. Dorsey and William E. Hahn.

THE BALTIMORE CITY DENTAL SOCIETY

The Baltimore City Dental Society held its final meeting of the year on May 10, at the Medical and Chirurgical Faculty Building. An election of officers was held and installation followed.

FRATERNITIES AND SOCIETIES

BIOLOGICAL SOCIETY

The Biological Society of the University of Maryland met at College Park on April 27. Following the dinner, which was served at 7:00 o'clock in the University dining hall, the program meeting began at 8:15 in the Engineering building. Dr. W. H. Hartung, Pharmacy School, delivered a paper on "Propiophenone in Iatro-Chemistry"; Dr. M. M.

Haring, College Park, delivered a paper on "The Glass Electrode and Its Applications in Biological Research."

On May 11 the Biological Society was honored by having as its guest speaker Dr. Howard A. Kelly. Dinner, in honor of the guest, was served in the University Hospital, following which Doctor Kelly addressed the Society at the meeting held in the Gordon Wilson Memorial Hall.

OMICRON KAPPA UPSILON 7

The annual banquet and convocation of Phi Chapter, Omicron Kappa Upsilon Fraternity will be held on Wednesday, June 2, 7:00 P.M., at the Southern Hotel. All members of the Phi Chapter are cordially invited to attend.

SIGMA EPSILON DELTA 7

On February 20 and 21, the Maryland Graduate Chapter of the Sigma Epsilon Delta Fraternity, in conjunction with the Epsilon Chapter, held a two-day celebration of the tenth anniversary of the founding of the Epsilon Chapter in Baltimore. On the 21st, clinics and lectures were given at the Emerson Hotel by the following men:

Doctors Theodore Kaletsky, Irving Salman, William Diamond, and Sidney Reisner of New York City; Doctors Leon Grosman, Benjamin Jacobs, Allen Brotman, Matthew Rouse, Saul Goodman, Irving Sofferman, Benjamin Weiss and Joseph Kussy of New Jersey; and Doctor P. Philip Gross of Philadelphia. Clinics were attended by about 150 dentists of Baltimore.

On May 5 at the Maryland Dental Association meeting the Graduate Chapter had its luncheon at the Emerson Hotel at 12:30. Dr. A. C. Eskin, 1911 Eutaw Place, was in charge.

At the national A. D. A. convention in Atlantic City this July, S. E. D. will establish headquarters at the Knicker-

bocker Hotel for the duration of the meeting. All those seeking information may communicate with Dr. Benjamin Jacobs, 31-33 Lincoln Park, Newark, N. J.

The Fraternity is resuming the publication of its Journal, with Dr. Milton Gero, 10 Lexington Avenue, Passaic, New Jersey as Editor-in-Chief. All manuscripts may be sent to the Editor.

The Epsilon Chapter of Baltimore is giving its annual farewell dance to its graduating members at the Southern Hotel, on May 29, 1937. Mr. Leon Meinster, 2336 Eutaw Place, is Chairman of the Dance Committee.

XI PSI PHI ALUMNI 4

The alumni of the Eta chapter of the Xi Psi Phi Fraternity held their annual election of officers March 15.

The following men were elected:

President: DR. EDWARD M. COBERTH.

Vice-president: DR. FREDERICK F. SMYTH

Secretary: DR. FILBERT L. MOORE.

Treasurer: DR. JOHN M. HYSON.

Dr. Edward M. Coberth was elected Deputy Supreme President of the local chapter.

The monthly dinners were held during the fall and winter at the Stafford Hotel. These get-togethers precede the meetings of the Baltimore City Dental Society. They are held at 6:30 P.M. and all graduate Zips are invited.

THE XI PSI PHI WOMAN'S CLUB

By producing "Her Step-Husband," a fast-moving comedy in three acts by Larry E. Johnson, at the Guild Theatre, on March 4 and 5, the Xi Psi Phi Woman's Club again lived up to their recently established reputation for making a success of everything they attempt.

The players were Betty Schwarzkopf, Edith Hodges, Dorothy Smyth, May Stokes Graffam, and Marie McLeod, members of the Club; and Charles Fallon,

Anthony Caputo, Kenneth Randolph, and Joseph Salvatore, members of the Eta Chapter of the Xi Psi Phi Fraternity.

"Her Step-Husband" was very capably directed by Evelyn Hamilton Wood. The players were evenly matched in excellence and moved with alacrity through their mirth-making rôles. Continual bursts of laughter from the audience revealed the enjoyment derived from the many amusing lines and situations.

The spring luncheon and card party was held on April 17, at Fuhrman's Inn. Everyone had a most enjoyable time and the affair was a great success.

Election of officers was held at the meeting on March 8 with the following results:

President: MAY STOKES GRAFFAM.

Vice-president: MARGARET FITZGERALD.

Secretary: JULIA BROWNELL.

Treasurer: NAOMI TRETIN.

PSI OMEGA ALUMNI

On Tuesday, March 16, the local alumni chapter entertained the visiting Psi Omegas who were attending the meeting of the American Association of Dental Schools held in Baltimore at that time. There were many reunions between old friends who had not seen each other for many months and in some instances even years. The business meeting was very satisfactory and everyone seemed in good spirits. For this reason the Psi Omega get-together was even more enjoyable than usual.

The climax of the fraternal activities was a luncheon held at the Lord Baltimore Hotel where we had Judge Moylan of the Baltimore Appeals Tax Court as our speaker. He gave a splendid and rather informal speech which just fitted in with the spirit of the occasion, and was very enthusiastically received by all those present. It suffices to say that all sixty of us enjoyed ourselves tremendously.

Among those present were Brothers Swanson, MacBride and the Friessell brothers of Pittsburgh; Semeans, Snyder, and Bottenhorn of Ohio; Purcell of St. Louis; Foster of Atlanta Southern; Fleming of Southern California; Baker of Minnesota; Baer of Richmond; and many others.

WOMEN OF PSI OMEGA, ALPHA CHAPTER

Another and very successful year has just passed for the Women of Psi Omega, Alpha Chapter. Election of officers was held March 1, 1937. The following were elected to office:

President: MRS. CHARLES C. COWARD.

Vice-president: MRS. JAMES E. PYOTT.

Secretary: MRS. ELMER F. COREY.

Treasurer: MISS KATHARINE TOOMEY.

The Annual Card Party sponsored by the Women of Psi Omega, held in February, was a social and financial success.

During the meeting of the American Association of Dental Schools held in Baltimore in March, the Women of Psi Omega entertained the wives of the visiting dentists with luncheon and bridge in the Tea Room at Hutzler Brothers.

On the third Wednesday of every month the Women of Psi Omega hold a card party. The last one of this season will be held at the Fraternity House, 1111 St. Paul Street, on May 19, at which time the drawing for a quilt will take place.

PERSONALS

Dr. Robert Towill '25 was married to Miss Grace Nuttall on January 30.

Dr. Brice M. Dorsey '27 and Mrs. Dorsey announce the birth of a daughter, Anne Brice, on February 20.

Dr. Luther Fetter '31 and Mrs. Fetter announce the birth of a daughter, Mary Emma, on March 16.

Dr. Paul W. Holter '33 has been commissioned First Lieutenant in the United States Army, Dental Corps.

Dr. Charles Pridgeon '35 has been commissioned First Lieutenant in the United States Navy, Dental Corps. Dr. Pridgeon was married to Miss Dorothy Riceman on March 18.

Dr. Ben Costenbader '35 will be married to Miss Virginia Markle on June 19, at her home Andover, Linthicum Heights, Maryland.

Dr. Elmer Hoffman '36 was married to Miss Mildred Fribush on February 7.

Miss Ann Beach Lemen, of the Library Staff, was married on March 14, to Mr. William Paulett Clark.

Miss Matilda Weber, stenographer in the Dean's office, was married to Mr. Cecil G. Moran on January 23.

OBITUARY

Dr. E. E. Richardson (B.C.D.S. '00) died recently. He leaves two sons that are graduates from the University of Maryland, Dr. James B. Richardson '25 and Dr. Alexander L. Richardson '34. Another son, Richard E., is president of the graduating class of 1937.

Dr. A. Cramer (U. of Md. '07) died on April 12. His brother, Dr. Morris Cramer (U. of Md. '10), is President of the Baltimore City Dental Society.

Dr. U. P. Martin (U. of Md. '21) died in February. His brother, Dr. C. P. Martin (U. of Md. '21), died April 6.

The 269 students who make up the present student body of the Dental School hail from 17 states, from the District of Columbia, and from 4 foreign countries. The home state of the School has contributed a total of 105 students, 71 of whom are from Baltimore. New Jersey has sent 39; Pennsylvania 12; New York 7; and Delaware 4. The representation of 61 from New England is indicative of the strength of the Alumni in that section: Connecticut 38; Massachusetts 9; Rhode Island 8; Maine 2; Vermont 2; and New Hampshire 2. There are 8 from the District of Columbia. Other states and their delegations are: Virginia 12; West Virginia 6; North Carolina 4; South Carolina 2; Wisconsin 1; Illinois 1. The foreign group is made up of 3 from Porto Rico; 2 from Panama; 1 from Cuba; and 1 from Trinidad. The student body includes 4 girls, all of whom possess excellent records both in their studies and in extra-curricular activities: Naomi A. Dunn '39, New Britain, Conn.; Verda E. James '39, Milford, Del.; Etta C. Link '41, Halethorpe, Md.; and Annamarie H. Fricke '42, Baltimore.

STUDENT ACTIVITIES

FIRST PREDENTAL CLASS

THE sameness and regularity of classes and laboratories is often broken by incidents of humor and interest, such as the times when Toomey, the corner cowboy of Elkridge, and Wieland, the Roland Park cadet, washed the ceiling of the chemistry laboratory by attaching Bunsen burners to the water faucets. (We all await a repetition of the act by the third musketeer, the human springboard and windjammer, Yeager.) Or we might allow our imaginations to wander to the land of olives and bombshells by entering the Latin Quarter of Laboratory B, where Ramirez, Martinelli, Gasteazoro, and Munoz are ejaculating Spanish words faster than a machine gun spits bullets. An even better emanator of syllables, however, is our Connecticut Yankee, Joe Coroso. What a shame to waste so much compressed air on mere words. (Well, maybe the nurses like it.)

If we desire excitement, we can always find it in the back of the chemistry laboratory, where Kolman and Harber are forever "heckling" the groom-to-be, Benfer, (or pouring NaOH on Miss Fricke's dress). To start a good verbal combat, we need only to approach Lawyer Kahl and deny that there is an Eleventh Commandment. The greatest miracle we could ever witness would be for Wilds to come to chemistry laboratory on time, Monday mornings. This is unusual, too; for I hear that Notre Dame students must be in bed by ten o'clock on Sunday night.

While on this subject, I might put forth the query: Which receives more of Sanner's attention in zoology laboratory, the cat or Sanner's closest feminine neighbor? As far as the rest of the class is concerned, our attention is so diverted by Midship-

man Riha's race-track shirts that concentration is well-nigh impossible.

We all wonder what the class's little sparrow, Sumner, sees when he flits from window to window, shining his way to success. I understand that once he came upon Ouellette, one of the ping-pong "lovers," during a speedy volley; but before he could raise his eye, Lasch jumped up and pulled down the blind.

For some time, there have been mysterious, weird notes emanating from Jimmy Nolan's Hot Hash and Soup House. But now the mystery has been solved, we find that Smokey Cohen and his Five Coal Dusters play there in the evenings. It is a wonder that "Lazookas" can endure this hideous noise as he ruminates at a table nearby, raising his "spirits" by downing them.

Now, there is one member of our class who has his feet on the ground. In fact they are held there by the proverbial ball and chain. We are ever conscious of the smiling countenance of our happy homemaker, Joe Tighe.

✓ SECOND PREDENTAL CLASS

Impressions of the year: Beaven, the quiet but slick president; Berman and his satchel feet; Betts, the New Jersey ingenuosity; Caldwell's "muddy after-math"; Chmar's physics "scoops"; Cohen's lab bills; Dubansky, lab technician "lookout"; Farrell, the Connecticut Yankee who hasn't forgotten the War; Frey, the Catonsville esquire; Hewitt, the Buicker with the big heart; Lawrence, the little man with big stuff; Link, one of the strongest in any chain; Mayes, the bucolic one hits the big town; McClees, the Charles Street sibling goes slumming; Rudo, who still sees "red"; Schultheis,

the druggist with the fire card; Smith, the Austin sport; Storch: "Grease the palms and slide through"; Wohl, who followed the trail to Lynn, Mass.; Zuskin, press agent for the C.M.T.C.; Klingelhofer, the most traveled lad in the School; Briskin, Joe College from Springfield, Mass.; McDaniels, the bomber from Jarrettsville; Towson, our only family man.

FRESHMAN CLASS

This year's freshman class is notable for its small size and its scarcity of Maryland boys. There are seventeen in the class, only three of whom are residents of Maryland. We consider ourselves fortunate, not only because our small number has contributed to our congeniality, but also because our opportunities to gain knowledge are increased.

There have been very few extra-curricular activities that have occupied much of our time. Among them was the Freshman-Sophomore Dance held in the Longfellow Hotel February 6.

SOPHOMORE CLASS

Unspoken Thoughts of a Sophomore—

Well, lecture now—got to take my notebook. No, I guess I'll borrow paper from Kader. First bell rang; I guess the whole class is still outside, but I'll go up anyway.

In lecture hall: Miss James is here studying already, and Tinsley too—studying her. And back there is our "Heckler's Row," a formidable conglomeration of voices: Hirschman, Wiener, Krug, Grove, Gorsuch and McConnell. They make almost as much noise as Carvalho; not quite, I guess. There's the left-wing with its array of talented and experienced disrupters of the peace: Randolph, Francis, (he's the chief), "Wrong" Wright, and Rogers.

I'm glad I know my stuff for this quiz. I need an exemption at the end of the semester.

An hour later: Phew! That was tricky! Glad I spent that thirty minutes last night studying. Here comes Chan-Pong—looks worried. He's always worried about the hardest five points, between ninety-five and one hundred. He's backed up by Miss Dunn, another five-point getter. Here come the fraternities now, and it looks like Upsilon Delta passed this quiz.

20 minutes later: Glad I'm in lab now—can relax a bit. What a racket in here. There go Auerbach's instruments—Again—Works on the principle of the "old Army game." Davis decoys him to the other side of the room while the "Lab A Gang," Allen, Blais, Edgar and Cannaday, empty his drawer into an unused one and close it. Where's the doctor? Ah! There he is, Plaster behind him trying to out-talk Legum. That glare I notice behind them must be Tipton's shirt. Have to laugh when I think of Bill Noon stalking into the lecture hall on St. Patrick's Day with his pea green shirt, white wing collar and green tie topped with a green carnation. Talking about mysteries: Who has been sending various members of the class comic Valentines that hit the spot and sometimes hurt, and what trio gave Dr. Dobbs a chocolate hen for Easter? Talk about bargains, I recall the day Robinowitz sold Hirschman half a quart container of plaster for 20¢, and that same day someone offered 50¢ for a bottle of "bashful inlay" varnish—fixes shy margins.

Closing thoughts: Not a bad class. We all seem to get along fine and have few casualties. I think they're a nice bunch. I wish Cavallaro and Carvalho would discontinue their feud and give us ten minutes of peace.

JUNIOR CLASS

Things we didn't know until now:

That the Juniors will have to take more final examinations than any other class.

That if the great outdoors can produce as rich a baritone as Willie Falk's, then me for the open spaces.

That the junior class has the tallest (Law) and smallest (Ryan) members of the school.

That it's possible to finish Prosthetic technic on time without the aid of a "Jeep." (See Donofrio)

That our choice for class M. C. is Henry Gemski (or didn't you attend the class dance?)

That it's a toss-up between Aaron and McMillin as to who traveled the farthest to study here.

That if you lose your charts, you find yourself spending many a sleepless night. (Eh, DuBoff)

That a student with flaming red hair could be called "Pinky."

That there are several reasons for a successful 1938 Gorgas session; firstly, Lasley.

That Cooper confidentially admitted that he never really takes gas.

That if you see one (Levin) you are bound to see the other (Mendelsohn).

That the instructors seem to enjoy Silverman's imitations of them more than the students.

Nominations: For class athlete, Frank Cammarano; for one-man band, Gene Lyon; most alliterative name, Bradley Bingham Barnes.

✓ SENIOR CLASS

The Senior Class of 1937 will, in a very short space of time, cease to function as an undergraduate group and its various members will assume new rôles in life. This is a thought that is probably uppermost in the minds of every man in the

class of '37—little wonder, too, that it should be.

The present graduating group has traveled over the long road that has been traversed by their predecessors for generations, and it has equalled the standards set up by those preceding classes; perhaps, even surpassing them. At least, it will be a group that will bring new laurels to the dear old Alma Mater—on that you may bet.

What would be more fitting at this time than to recount the many deeds (as well as misdeeds) committed by the present senior class? Surely, to tell all the funny stories and the serious stories would be most appropriate and they should certainly prove to be interesting. However, it is not quite possible to commit these revered incidents to print at this time, and they must be stored away in memories to be recalled at class reunions in the future—ah, the future; quite a subject that!

Now the seniors are all concerned over what the next few weeks have in their schedules of events. The events will be many, both serious and gay. There is a little matter of "Infirmary Requirements" that many must reckon with and lose sleep over, but I hear that "Everything is going to be all right." Examinations, too, are bothersome and should be erased from the list of essentials. How can one enjoy graduating if he must be continually hounded to death by these little investigations into individual personal intelligence and ability? Much better to forget these things and speak of the really important affairs!

Before this is read, many of the fraternities will have had their annual spring parties. They are always memorable occasions, and they never fail to bring out a great deal of excitement and gayety.

One of the most impressive affairs of the school calendar is the Annual Banquet

and Dance of the Gorgas Odontological Society. It is an event that always is certain to be pleasantly remembered, and this year proved to be no exception. The date was May 8; the place was the Southern Hotel. Remember?

Now, the most important feature, of course, is Commencement Week, a goal that has been pointed for by this group for five long years. It holds many events and surprises for us, a time that will be rated as one of the most important weeks in our lives. For the space of seven days we shall be all-important, and everything will be arranged for us. Regardless of what follows, this is one period when every graduating man will be "sitting on top of the world." Rightly so, too; a just reward for long years of labor. Outstanding in the list of events, of course, is June 5; but running it a close second is June 3 with its class day exercises, climaxed by the Senior Banquet, always an affair of importance. Rumors are heard of other plans, but perhaps it would be better not to mention these.

The Senior Class would like to take this opportunity to express its gratitude to all those who have taken part in guiding it through a wilderness of textbooks, techniques, and experiences to the position it occupies today. Its many helpers have been generous in passing on to the students the benefits of their years of experience and study. The members of the Senior Class appreciate the times when they seemed unnecessarily stern and insistent as well as the times when they were generous and friendly. In the years to come we shall be even more thankful. The framework for careers has been built by the efforts of the teachers; the result will depend upon individual ability and application.

Especially is a vote of thanks extended to the ladies in the office and infirmary; many have been their favors and great is our appreciation.

The end will bring elements of exhilaration as well as pathos, both of which are essentials at such an important turning point. May the '37 reunions be numerous and complete.

✓GORGAS ODONTOLOGICAL SOCIETY

The Gorgas Odontological Society is proud of the place it maintains in the school activities. The social functions are always eagerly anticipated because a pleasant time is assured for the members. The dinner dance for the seniors, at which their certificates are presented, was held on May 8, 1937, Southern Hotel, the dinner commenced at 6:45 P.M.

The society is pleased to record a discussion by Dr. Frank S. Lynn of Baltimore on the topic, "Modern Trends in Medical and Dental Economics." The date was April 21 at 7:45 P.M., Senior Lecture Hall.

These functions brought a conclusion to the year's activities and we, the graduating members, are glad to have been participants in the worthy objectives of the group.

THE FRATERNITIES

✓SIGMA EPSILON DELTA

The graduate and undergraduate chapters of Sigma Epsilon Delta Fraternity held a gala affair on Washington's birthday weekend commemorating the tenth anniversary of Epsilon Chapter at the University of Maryland Dental School. The program consisted of an informal dance at the chapter house Saturday evening. The following day, clinics were held at the Emerson Hotel, given by graduate members of the fraternity. The University of Maryland Alumni who gave the clinics were:

Dr. Allen Brotman
Dr. Leon Grossman
Dr. Benjamin Jacobs
Dr. Irving Sofferman

In the evening a Formal Initiation Banquet and Dance was held at the Emerson Hotel. The new members who entered the fold of Epsilon at that time were:

Sidney Belinkoff
Sam Goldhaber
Jules Kasawich
Bert Litchman
Bernard Randman

Plans are being completed for the Farewell Dinner and Dance to be tendered to the fraters who are members of the graduating class. This affair will be held Saturday evening, May 29, at the South-ern Hotel.

ALPHA OMEGA

September 1936 saw all the undergrad constituents of Zeta Mu, Alpha Omega slowly and reluctantly coagulating at 1320 Eutaw Place with only ten men missing two hours before the deadline. However, all noses were accounted for just in time to save the five bucks late registration fee. Every man was fit as a fiddle and more than ready for love. Each one had a different story to relate about his summer siesta, all of which easily consumed two months of nightly bull sessions.

Well, sir, no sooner had life settled down to a regular routine of school, eat, and sleep, than Ma—10324 became once again the most popular phone number on the exchange and Bell Telephone rose steadily on the curb. You guessed it . . . practically every eager female in this man's town was anxious to renew old acquaintances or make new ones. Well, that may be a bit of an exaggeration, but you get the idea.—But so help me, Goucher, if the phone company didn't install a new bell with a pleasing and persuasive ring to replace the old one which was slowly driving us batty.

We didn't have our first big affair until April 17, but it certainly was worth waiting for. Everyone had a rip-snorting time, and it's a wonder the roof of the

K. of C. is still intact. Again, May 29 saw the social lions of Alpha Omega throwing all their energies into sending the graduating men away with something to remember. And did we succeed! To say that everyone had a good time would be false modesty. Everyone positively roared out their gratitude for another successful year ended, and the Emerson is still picking up the pieces.

On the athletic side, a number of bowling matches were held, being topped off by a sound trouncing, administered to us by our beloved alumni. But we'll get there next time.

But seriously, Zeta Mu, Alpha Omega looks upon the year 1936–1937 as one of the most successful we have ever had—socially, scholastically, and financially. We look forward to next fall, when we may return and carry on where we left off.

P.S. Congratulations, you Seniors, on having reached your destination. No more can be said of a man than that he accomplished his purpose, honestly and triumphantly—this you have done, and so with the sincere best wishes of Alpha Omega, we bid you Godspeed.

~ DELTA SIGMA DELTA

The Xi Xi chapter of Delta Sigma Delta held their annual spring banquet and dance at the Mount Royal Hotel on April 23. It was concluded by a party in Rodgers Forge.

We were honored by having with us our Supreme Scribe, Dr. R. Hamill D. Swing of Philadelphia. Alumni present were: Drs. Blanchard, Corthouts, and Impresa, all of Connecticut; and Drs. Dosh, Fisher, and B. H. Smith of Baltimore. Dr. H. E. Latham and all undergraduate members were present.

XI PSI PHI

New officers elected for the coming year are:

President: HAROLD J. CARRIGAN.

Vice-president: ARTHUR J. JOHNSON.
Secretary: KENNETH V. RANDOLPH.
Treasurer: HENRY J. HOFFACKER.
Editor: F. A. STEWART.

On February 17, the fraternity held a smoker which attracted nearly one hundred persons, including alumni, members and pledgees. Sandwiches between acts of a floor show provided a chance for mingling of the fellows. Everyone had a good time.

We look forward now to our annual spring dinner dance, which will be held on May 15 if we are able to obtain a suitable hall for that time. It is expected that a greater number will be present this year than last; and we look forward to it as being a grand occasion especially for the Seniors who will be leaving, and for the new members coming into the fraternity.

PSI OMEGA

Under the newly elected regime of officers the affairs of Phi Alpha chapter are rolling along smoothly. Our only regret is that we cannot publish the minutes of each meeting as written by Secretary Marsh. It is indeed a shame to have to withhold such subtle humor from the less fortunate non-Psi Omegas. Under the capable supervision of Pledge Master Krouse the eleven neophytes were whipped into fine shape for the informal initiation on April 9. After the manner of drought-stricken farmers, the eleven unfortunates prayed long and loud for rain that night. They figured they wouldn't have so far to walk.

Came the fateful night, and the boys were prepared to be lifted into higher society and the finer things in life. They feasted on the most savory dishes and drank to the health of the fraternity. In fact the whole affair was conducted without a hitch, and as the neophytes said, without a miss. There was some difficulty, however, in starting the program. It seems that no one would leave the audience in the second-floor rear. Yes, that show made a swell double-header for a Friday night attraction.

Upon fulfillment of the arduous tasks of the informal initiation, the neophytes enjoyed the ceremonies of the formal initiation on April 13. So now we welcome to Phi Alpha chapter our newly-begotten Brothers: Bailey, Westerberg, Lyon, Farrington, Cammarano, McMillin, Morris, Gorsuch, Wheeler, Meadows, and Gemski. Ten Psi Omegas from Beta Theta chapter in Georgetown spent that evening with us. They were feasted with one of Ray Zeiner's fastidious meals. After the business of the evening, refreshments were served. Yes, it was a swell night.

At present we are all anticipating the biggest night of the year. Under the experienced guidance of Frank Roh, the dance committee has prepared a wonderful Spring Formal dance to be held on April 24 at the Five Farms Country Club. The Townsman will furnish the rhythm. Listen, Brothers, we are supposed to dance to the music and not eat in tempo with the music. Is it any wonder we cannot concentrate on the serious business of examinations?

The Journal of the Baltimore College of Dental Surgery, is a non-proprietary dental journal, owned and published by the Faculty, Undergraduate Body and the Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland; and the Grieves Library Foundation of the Maryland State Dental Association.

Purposes of this journal are (1) To create a closer, harmonious relationship between the Alumni, the Faculty and the Students; (2) To keep members of the Alumni Association informed as to the progress of their organization; (3) To afford the means for publication of alumni writings; (4) To present to the Student Body an opportunity for instruction in the preparation and publication of writings; (5) To present reviews and abstracts of recent literature; (6) To present case reports of interest; (7) To familiarize the Alumni with the activities of the Clarence J. Grieves Library.

Policies. The Editor and publishers are not responsible for opinions expressed by authors of contributions appearing in this journal. The Editor reserves the right to reject any contributions which in his opinion are not of the standard desired. Articles must be contributed solely for publication in this journal. Permission to reprint in non-proprietary journals will be granted upon request.

Advertising. Recognizing a responsibility to an advertising section, the Editor will adhere strictly to the principles governing advertising adopted by the American Association of Dental Editors which are as follows: (1) Only such therapeutic remedies or dentifrices as have been approved by the Council on Dental Therapeutics of the American Dental Association shall be advertised.

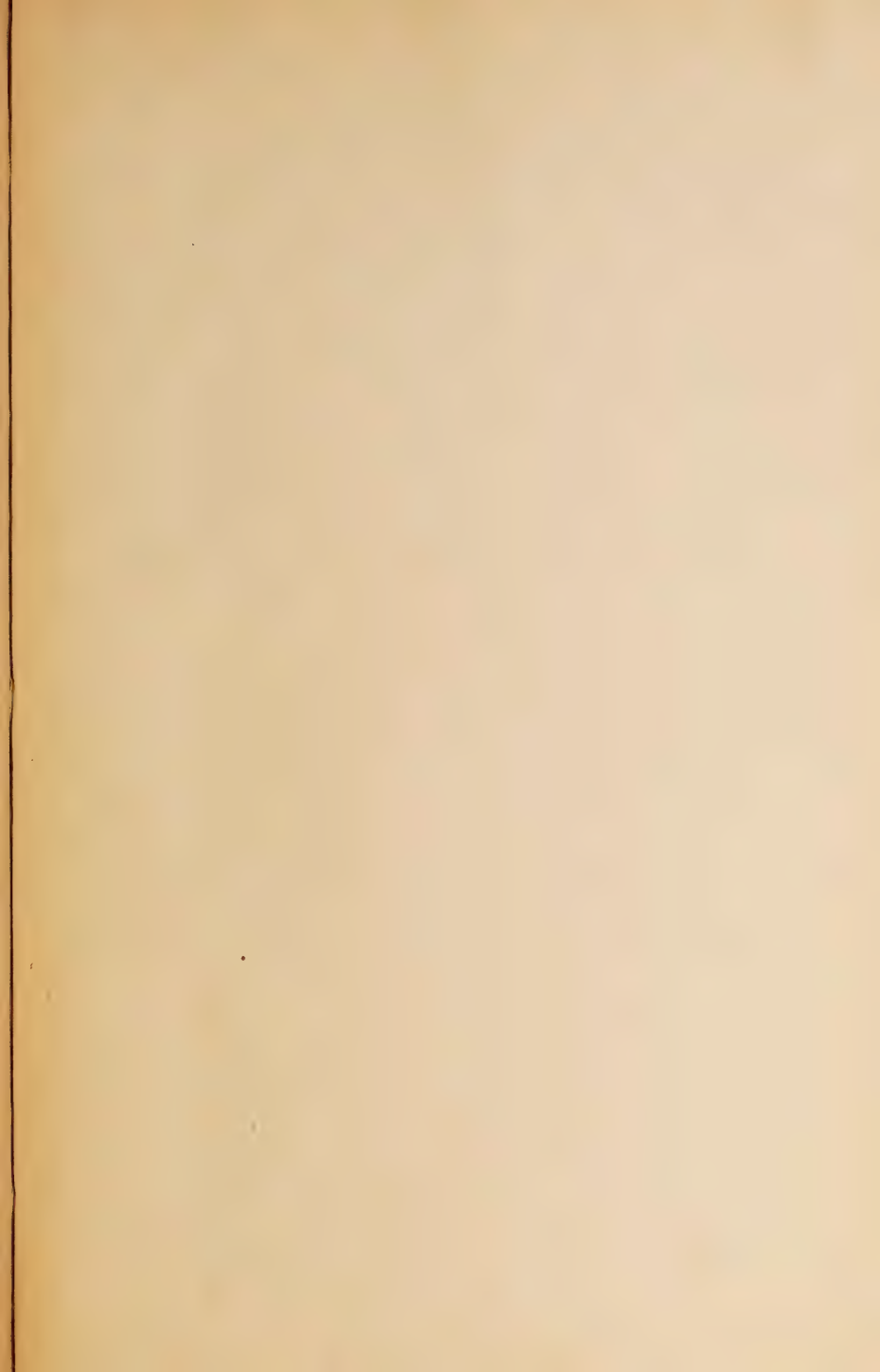
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(3) Advertisements shall be confined to the Advertising section, to the inside and outside of back cover. In keeping with this provision, advertisements shall not be distributed on or among the pages devoted to professional affairs.

(4) Complimentary references to advertisers of their products (commonly referred to as "Puffs" or "Boosts") shall be avoided, but it shall not be considered improper to refer to the advertisers as a group.

(5) Only such advertisements shall be acceptable as are frankly presented as advertising. No advertisements shall be acceptable that have the appearance of being scientific articles, editorials, or anything other than advertising, for they would not meet the requirements of honesty and integrity specified.





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